

# PHILADELPHIA MEDICAL TIMES.

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VOL. XIX

## CLINICAL LECTURE.

### EPIDEMIC CEREBRO-SPINAL MENINGITIS.

*Delivered at the Philadelphia Hospital, May 26, 1888.*

BY JAMES TYSON, M.D.,

Physician to the Hospital, and Professor of General Pathology and Morbid Anatomy in the University of Penna.

Reported by William H. Morrison, M.D.

GENTLEMEN—I wish, at the outset, to call your attention to the position which this patient assumes; and, at the same time, take the opportunity to say to you that inspection is one of the first means of diagnosis of which we naturally make use, and one which it is well worth your while to cultivate. While there are diseases of which inspection gives us little information, there are others in which it is of great advantage; and there are a few diseases which are at once patent to the experienced eye. Note that this boy's head is bent back upon his cervical spine, and to a less degree there is also curvature of the spine itself. This condition of rigid contraction of the muscles of the neck and back occurs in two or three diseases. We have it most striking in hysteria, where the body may be supported on the head and heels, while the intervening portion is arched; but the

extreme degrees sometimes reached in the disease under consideration are scarcely less.

There is nothing in the family history, or the previous history of the patient, that need detain us. We learn that, on April 14, this boy, aged sixteen years, played at base-ball, and the next day arose complaining of a severe and distressing pain in the back of the head and in the back. He was given a dose of salts. The following day he was quite deaf, and it was noted that the head was bent backward. Then followed incontinence of urine, delirium, subsultus tendinum, and cataphlogia. He seems to have been perfectly well before the appearance of these symptoms.

He was admitted to the hospital, May 8, that is over two weeks after the first appearance of the symptoms. The history of the sickness up to the time of admission has been given by the father. He was treated by a physician for some time for typhoid fever. From this point until his admission here the history is somewhat imperfect and contradictory. It is stated that the typhoid fever ended in the present condition. We learn, however, that from the very first day there was pain in the back of the neck with more or less rigid contraction of the muscles of the neck.

When admitted, my attention was, of course, at once attracted by the position of the head. At that time he was aroused with the greatest difficulty, and it was in fact impossible to administer anything satisfactorily by the mouth, and he was nourished for a time by enemata. There was at the time of admission some diarrhoea, but we could not learn whether or not he had been given a purgative.

From these symptoms the conclusion was easily reached that we had to do with cerebro-spinal inflammation, but to decide as to the exact nature of the affection was more difficult. In this we were aided by the fact that there has been recently prevailing in the suburbs of this city a mild form of epidemic cerebro-spinal meningitis, or cerebro-spinal fever. This, in connection with the suddenness of the onset, led us to conclude that we had an instance of the epidemic variety rather than one of tubercular meningitis, the only other form likely under the circumstances. The association of traumatism, which is the only remaining common cause of meningitis, could be excluded.

The *symptoms* presented by cases of this disease are not always so marked or so distinctive as in this particular instance. Perhaps the most common symptom, but one which is also found in other diseases, and on this account sometimes gives rise to difficulty in diagnosis, is pain in the back of the neck and head. This pain may vary in degree from that which is extreme and agonizing and sudden in its paroxysms—so sudden as to have been likened to the sting of a bee—to a pain which is so slight that the real condition is overlooked until the disease has advanced to a considerable extent.

The opisthotonus so marked in this case, and so great an aid in the diagnosis, is not always present; and between its absence and its most extreme degree we have every gradation. It is not unusual for the disease to be ushered in by a slight diarrhoea, there being two or three liquid stools, succeeded, however, by constipation. In this respect it differs from typhoid fever, the diarrhoea of which is apt to continue. It is well known that we may have

typhoid fever without diarrhoea; but, as I have just said, where diarrhoea is present at the beginning, it is apt to continue.

Another characteristic symptom of this affection is the eruption. This is, however, present in not more than one-half of the cases. The spot which appears in cerebro-spinal meningitis is more comparable to the eruption of typhus fever than to that of typhoid or of any of the other eruptive diseases. This eruption is an actual extravasation of blood, which does not disappear upon pressure like that of typhoid fever. The number of spots in some cases does not exceed four or six, while in others they are very numerous, so that one of the best known names of this affection, and one by which at one time it was almost exclusively called, is spotted fever. Where typhus fever is epidemic cerebro-spinal fever may prevail jointly, whence it is often difficult to determine whether a given case is one of typhus fever or one of cerebro-spinal meningitis. This difficulty is more manifest in the beginning of the attack; for as time passes the diseases separate from each other in a very striking manner. Typhus fever is not characterized by the severe pain in the head and the back of the neck, nor by the opisthotonus, both of which, however, as already stated, may be absent or so slight as not to attract attention in cerebro-spinal fever. The most marked differences are in the spots and the typhoid condition. In typhus fever the spots are much more common and numerous than in cerebro-spinal meningitis. The typhoid state may be equally pronounced in both, but in general it may be said to be more marked in the former disease. The two affections differ in their duration. Typhus fever terminates fatally or in convalescence in from fourteen to seventeen days, whereas cerebro-spinal meningitis is a disease of indefinite duration. It occasionally happens that a patient dies very early, within the first day or the first few hours after the appearance of the symptoms. This, of course, is in the beginning of a severe epidemic. More frequently the disease is prolonged beyond this period and for a longer period than that of typhus fever.

Another affection which occurs to me as sometimes giving rise to difficulty in diagnosis is muscular rheumatism. More frequently, perhaps, than with typhus fever is this condition at its beginning confounded with muscular rheumatism, and the mistake is excusable. The symptoms are almost entirely muscular; but the association of headache with cerebro-spinal meningitis is a point of divergence. If you will read modern reports of cases of cerebro-spinal meningitis, you will find many in which salicylate of sodium has been prescribed on the supposition that the case was one of muscular rheumatism. As the disease advances the diagnosis becomes less difficult.

I might say a word with reference to temperature in this disease. It is rarely very high. In the earlier descriptions of the disease, and there have been most interesting ones written as long as a century ago, we find that the authors speak of the skin being cool. This was before the clinical thermometer began to be used for the accurate determination of temperature. If you examine the temperature chart in this case you will find that the maximum temperature was on the morning of the 10th of May, when it reached  $101^{\circ}$ . From that point it gradually declined until to-day it is  $98.4^{\circ}$ . Last evening it was  $99.2^{\circ}$ . Higher temperatures are sometimes reached, as  $102^{\circ}$ , and I have seen reports of cases in which  $105^{\circ}$  was reached; but this is rare in this disease as compared with typhoid fever and rheumatism.

The pulse, especially in the beginning of the disease, is not frequent. As the disease advances its frequency may increase, but this is due rather to the debilitated condition of the patient than to the disease directly.

An ophthalmoscopic examination was made in this case by Dr. Shakespeare with negative results. The urine was also examined and found normal.

The study of the *etiology* of this disease is of extreme importance. It is an epidemic disease. The epidemic may not be general, but where you find one case you are apt to find several. Such has been the case in the suburbs of Philadelphia during the past few months. The disease is infectious, but non-con-

tagious; at least, very few physicians now consider it so. It may be well to refresh your memories by stating that an infectious disease is now defined as one due to any specific cause, that cause being derived from another person having the same disease, or externally to the organism. The contagious disease is that subdivision of the infectious, whose cause is derived from another person having the same disease, as syphilis or small-pox. All contagious diseases are infectious, while not all infectious diseases are contagious. The second division of the infectious diseases is the miasmatic; of which the most striking instance is malarial fever, of which the cause, though not precisely determined, has heretofore been regarded as developed through the action of heat and moisture on vegetable matter. The disease under consideration is therefore infectious, but not contagious, as the specific cause is not transferred from one person to another. There is some uncertainty as to the exact nature of the specific cause, just as there is in regard to many of the other non-contagious infectious diseases. It has been ascribed to a vegetable organism and the diplococcus of Friedlander, which has been held responsible for the causation of pneumonia, has also been held responsible for epidemic cerebro-spinal meningitis. It is a fact that these two diseases are often associated.

We come next to speak of the *morbidity* which we have had the opportunity of studying in this hospital in several cases this spring. Taking our cue from the name, we naturally expect to find signs of inflammation of the membranes of the brain and cord, and so we do. These lesions are found of every conceivable degree from that of a slight hyperæmia, which might be found in any of the other infectious diseases, up to the higher degrees in which pus and fibrinous deposits, more particularly in connection with the pia mater, are abundantly present. The arachnoid space is filled to a varying extent with lymph and pus. Ounces of pus have been taken from the spinal canal. The inflammation may extend to the substance of the cord inducing myelitis. Certain it is that the inflammation of the cerebral and spinal menin-

ges is the cause of the most striking symptoms in the disease. The roots of the spinal nerves may not only be impinged upon and compressed, but they are also found at times in a state of positive inflammation. In other words, there is neuritis of the roots of the spinal nerves, more especially of the motor nerves, whence the clonic contraction of the muscles which gives rise to the characteristic posture. On the other hand it is the irritation of the roots of the sensory nerves that gives rise to the intense pain.

At the same time, while the disease is explained so largely as to its symptomatology by the local conditions present, and while local conditions enter so largely into its morbid anatomy, we do not regard it as a local disease. It is a general infectious disease with local manifestations, just as typhoid fever is a general infectious disease with local manifestations most strikingly found in Peyer's patches. In fact the term cerebro-spinal fever has been suggested as more appropriate than cerebro-spinal meningitis; but the same objection holds to this term as to that of enteric fever, and it is pretty much a matter of personal preference what term is employed. The term epidemic cerebro-spinal meningitis seems to me to be preferable.

Finally, as to *treatment*. When I first saw the patient the cerebro-spinal symptoms were so prominent that they seemed to me to demand first attention. Although, on admission, we despaired of his recovery, we applied blisters to the spine, particularly in the region of the neck and of the upper dorsal region. He was nourished by the rectum to the fullest extent possible. Much to our surprise the symptoms began to abate in the course of a few days. The opisthotonus became less marked. We then began to introduce food by the mouth and soon the administration by the rectum was discontinued. In addition we have given supporting treatment. This is frequently all the treatment that these cases require. My attention has recently been called to two cases in which the administration of the bi-chloride of mercury and the iodide of potassium has been followed by very prompt improvement. I think that we

may place these among the legitimate measures to be used. But this is about all there is in the way of specific treatment. The main treatment consists of combatting the symptoms and using supporting measures. Opiates must of course be used in sufficient doses to relieve the intense pain.

When recovery takes place, the convalescence is very slow, so prolonged that the duration of the disease is indefinite. Months and even years may elapse before the patient gets well, and he may never entirely recover, some of the results continuing through life.

#### ORIGINAL ARTICLES.

##### IS THE "ACT TO ESTABLISH A STATE BOARD OF MEDICAL EXAMINERS," PROPOSED BY THE STATE MEDICAL SOCIETY, CALCULATED TO FOSTER QUACKERY?

BY SILAS UPDEGROVE, M. D.

MUCH unnecessary medical legislation has from time to time been obtained; yet by many it is thought that still further effort in that direction is needed, and that the only panacea for the ills of the profession is to be sought in legislation. As this panacea, however, has heretofore been found so invariably unsatisfactory, the inference that would naturally follow is that those who made the application for this means of relief had not a very clear conception of what was really needed or what could be accomplished by legal enactment. In the first place it should be distinctly understood that legislation, which is calculated to best serve the public, will also be for the best interest of the profession, though at the same time the measures need not be so framed and adapted as to suit only the condition of the popular mind, fancy, or fashion. Medical politics is in the present day, in fact, demanding the attention of every physician who has the interest of his profession at heart. That which serves to direct more especial attention to this subject, and which

An abstract of paper read at Meeting of Northern Medical Association.

makes its contemplation important, and, indeed, unavoidable, is the existence of organized and legalized quackery. Attention to the education of the public, and the directing of public sentiment in this matter, are of more importance, and will better serve to promote the best interests of the public, and of our profession, than will any appeals to legislatures, unless it be for the unconditional repeal of all former legislative acts in the interest of quackery. Quacks have been ever ready and quite successful in appealing to legislatures; an unenviably conspicuous place being occupied by Pennsylvania in conferring legislative favors in this direction. The grant of a charter for a so-called homœopathic college, the first in this country, and, we think, in the world; a reproach to the legislative intelligence of the nineteenth century was the act of a Pennsylvania legislature. The absurdity of an appeal to the legislature for legal sanction to substitute and teach the vagaries of Hahnemann as the basis of a so-called system of medicine, in place of that based upon science, is perhaps, sufficient to explain what has proven to be an unfortunate omission on the part of the profession; that of a formal protest against any such legislation. To the profession, however, the whole scheme seemed so visionary, or deceitful and crafty, that remonstrance in a formal manner was not deemed necessary. It might be naturally supposed that, even should a charter be granted, but few would be found who would be willing to enroll themselves under a banner so at variance with honesty of purpose, and whose practices must be but a pretence and fraud. Nor did it seem probable that the public would be found sufficiently credulous to afford patronage for the support of a scheme so conspicuously and palpably disingenuous and fraudulent.

Credulity, however, and a fondness for the marvelous have furnished a profitable field for the operations of the quack, and when sustained by legislative sanction, he was ready to avail himself of advantages prospectively so lucrative. Our profession has erred too in suffering these conditions to exist such a length of time without

formal action in defence of scientific medicine, and in condemnation of this organized and legalized imposture. Quackery was granted a trade mark by legislative action, and these quacks also bestowed a similar trade mark upon the scientific profession, a name too that has to this day been applied, and the profession has never yet had the valor to formally reject it. The idea of sects in medicine thus had its origin, and has been fostered by thus permitting, without protest, the application of the name allopathy to our profession, thus leading the public to infer that in allopathy we had a sect with an arbitrary and fixed line of practice, from which we could not deviate, and in homœopathy we had another sect with a like fixed and no less arbitrary line of practice. By our profession thus tacitly recognizing the name as it has done an invaluable service was conferred upon homœopathy, placing the pathys on the same plane, making sects in medicine, and path-doctors of us all. Now, no satisfactory legislation can be obtained until the public and their legislators are made to understand that there are no sects in science and that there can be none in scientific medicine, that sects belong to the methods of the quack not to the scientific. Hence no legislation can benefit the public or be acceptable to the profession if the subject is contemplated in any other aspect.

In the bill prepared and reported by the committee on Medical Legislation of the State Medical Society the subject does not seem to have been contemplated in this light. The first section of the bill provides that the examining board shall consist of nine members, to be appointed by the Governor, and they shall be graduates of some legally chartered college or University having the power to confer medical degrees, six of these members to be chosen from names submitted by the State Medical Society. This leaves three members to be appointed by the Governor of persons of his own choice, or from names suggested from some other source. Now, if the intention of this bill is to improve the educational standard of the profession, from what other source can more suitable

names be submitted, or from what other source can names be submitted by which the interests of the public would be better protected. By the provisions of this bill the members of the Board are simply required to be graduates of some legally chartered college, and if the Governor so inclines he may appoint three quacks from some legally chartered college where path-cure doctors graduate. We all know that those who assume the name path-doctor or any other special name, do so under the pretence that some medicine or means of treatment is possessed by them which is not in the possession of the profession in general. This constitutes quackery and this bill as framed permits the appointment of three such quacks upon the Examining Board. That the Board is expected to be composed partly of quacks the provisions of the bill clearly indicate, the framers merely placing the responsibility as far as possible upon the Governor. Instead of this bill serving to elevate the standard of the profession we can see that the Examining Board may be so constituted that an honorable physician could not serve on it without causing his own debasement. In an educational or scientific sense, legally chartered college has no meaning in the State of Pennsylvania; as no educational equipment is conferred in this State by legal authority, there is consequently no legal standard of educational or scientific attainment. Nor is there any legal standard of attainment in medical science or method of practice, and as these are best understood by physicians themselves, why should any discretionary power be vested in the Governor? In fact, why should the Governor be given the appointing power?

Why not place the appointing power in the hands of the profession? The members of the medical profession, the State Society, for instance, should be quite as competent as the governor, and would better understand the requirements and the acquirements of the members of such a Board. We suppose the answer to this will be, as usual, that the path-cure form of quackery will antagonize such a disposition of the subject, and to this feature we wish to direct especial attention.

In all attempts at medical legislation this quack feature has presented the great stumbling block. We think we will be able to show that this difficulty is more imaginary than real, and that it merely needs to be better understood to be readily disposed of.

We think physicians have erred in attributing to legislatures an agency in establishing quackery that they do not possess and could not exercise. In response to the appeals of quacks legislatures have granted charters for so-called colleges, to have the power to confer medical degrees. Ten or a dozen quacks could make such an appeal, and in the absence of any remonstrance, nothing remains to be done but grant a charter. Those receiving degrees, however, from such a so-called college, practice according to any method they please, and the legislature has no power to direct, influence, or control them. The graduates of the colleges of the profession proper practice, also, according to any theory they please, regardless of any legislative action or agency. The method of practice belongs to the individual, and he exercises his right to practice according to any method he pleases, regardless of the name of the college from which he receives his degree, and the legislature has no voice or power in this particular.

The legislation to be asked for by the bill which we have under consideration is intended to be in the interest and for the benefit of the public, not to serve any class, school, sect, or faction of physicians, and those who claim special methods exclude themselves from place on the board of medical examiners. A special so-called method of practice is a feature which is not within the province of legislative action or control, and our profession should not make an effort to adapt its measures to a condition that does not exist. This bill appearing to emanate, however, from the medical profession, should be in harmony with, and representative of the sentiment, polity and traditions of the profession. The members of the contemplated examining board should be men of high attainments and honorable standing, with no chance for the selection of any others. The choice of special methods of practice must be left to those who

have passed a successful examination by such a board, and if a demand continues for any special "brand" of doctors, the successful young aspirant may call himself a path-curer or a faith-curer, a high kickapoo, or a great foo joo, and no one can molest him. If among the constituency of the honorable legislators there are babies crying for homœopathy, no doubt some of our young friends would feel that they are equipped and capable for any such emergency.

## TRANSLATIONS.

### SULFONAL.

GARNIER, in *Le Progrès Médical*, contributes a note upon sulfonal (Bayer) used in insane persons. He finds this drug to possess, when given in doses of 30 to 75 grains, in the immense majority of cases, a somniferous action remarkable and superior to that of paraldehyde, urethan, methylal or chloral. In one case it caused vomiting. No appreciable harm resulted from the doses given above. After their prolonged use, the appetite, digestion, respiration and circulation showed no bad effects. But one sphygmographic tracing was made, and this showed no weakening of the heart after a thirty-grain dose. The same harmlessness cannot be claimed for chloral, when given daily to lunatics.

The best results follow the use of a single massive dose. The drug is insoluble in cold, but soluble in boiling water, from which it is precipitated on cooling. The better method of administration is in fine powder, in cachet or taken in soup at the beginning of a meal. The dose is 15 to 75 grains; the latter for the insane, which is hardly likely to be required by other patients. The purity of the article is of the greatest importance; hence Bayer's is specified. The greatest objection to this otherwise ideal hypnotic is the high price; which, however, may be expected to fall as the drug is used in larger quantities.

### DIET OF DYSPEPTICS.

Dujardin-Beaumetz, in the *Revue de Thér.*, thus formulates his dietary rules for dyspeptics:

1. *Dyspepsia with scanty secretion:*—Peptogenic substances, toasted bread, soups, mixture of soup and milk, pulp of raw beef, meat powders, peptones, pepsine and hydrochloric acid at the end of each meal.

• *Dyspepsia with excessive secretion.* Diet purely vegetable, eggs, farinacea and fruit. The eggs should be slightly cooked, and especially boiled. The starches should be in the state of purée of potatoes, beans, lentils, maize flour, oatmeal gruel, oats and barley, alimentary pastes, macaroni and nudels. The whole should be adjusted nicely. Legumes well-cooked in purée, Julienne en purée, purée of petits pois, salads well-cooked, spinach and green beans. The fruit should be stewed, except grapes. Bread should be well cooked, toasted, or the crust alone. No undiluted wine; light beer or milk, the latter with weak alkaline waters.

*Dyspepsia with sympathetic troubles.*  
—Diet absolutely vegetable.

### TREATMENT OF WHOOPING-COUGH.

Somma gives the following conclusions:

(1) Phenic acid is a useful remedy, especially when given by the mouth. With new-born or very young infants, even in very small doses, it readily causes gastritis, intolerance and toxæmia. Even in infants somewhat older the dose should not exceed a decigramme in twenty-four hours. Inhalations of 1 to 100 cannot be practiced without inconvenience more than three times daily, or more than ten to fifteen minutes at a time.

(2) As to resorcine, he reserves his opinion.

(3) Cocaine gives good results in local applications.

(4) Belladonna, in syrup, is often useful. But in one case, in spite of every precaution, symptoms of poisoning followed its use.—*Revue de Thér.*

Verneuil says that glycosuria is developed frequently in climates where malarial fevers are complicated with hepatic disease. In Tunis, paludism is not attended by diabetes, but by oxaluria.—*Bull. de l'Acad. de Méd.*

### PHTHISIS TREATED BY GERMICIDES.

MIQUEL AND RUEFF have instituted at the Rothschild hospital a treatment of

pulmonary phthisis, by submitting the patients to the following spray, with the atomizer :

Hydrarg. biniodid.....	1 part.
Potass. iodid.....	1 "
Aqua destillat.....	1000 "

Although denied by some, these authors believe that this spray penetrates the trachea, bronchi and the finer bronchial ramifications. Of 27 patients thus treated, 19 have improved, 8 are stationary; while in two cases the bacilli disappeared.

—*La France Méd.*

#### THE SEX OF INFANTS.

From a statistical study of over 200 families (over 1000 infants) it results that when the sex of a first child is known, one can determine in advance what will be the sex of infants subsequently born, and how a choice may be made.

The first child having been conceived in a menstrual period, which we shall designate as No. 1, if it be a boy, all infants conceived, for example, in the 11th, 13th, 15th, 105th, etc. menstrual period following, will be boys; while all conceived in the 12th, 16th, 106th, etc. after the first conception will be girls.

Hence if a father who has had a girl wishes a boy, he must count the number of menstrual periods passed through by his wife since her last accouchement, and impregnate her during the 2d, 4th, 6th, or some even number of times, counting always the first impregnation as No. 1.

In cases of twin births with a single placenta, this rule holds good, but in cases where the placenta is double, a supercoitation has occurred.

This rule does not hold good when a second husband is taken; The count must then begin anew with the first child born.—DUPUY, in *L'Année Méd. de Caen.*

#### FORMULA FOR INJECTION BROU.

R Opii,	
Catechu.....	gr. viiss
Croci.....	gr. xv
Aque,	
Fiat liq. q. s. ad.....	fʒij fʒij
et adde.	
Plumbi subacet.....	gr. xxiiss
Zinci sulphat.....	gr. xlvi

#### ANTI-EMETIC DROPS.

R Sp. menthae,	
Sp. anisi.....	āā. M. lijs
Tr. opii.....	M. xv
Paraldehyde.....	3 ss

Mix the spirits, dissolve the paraldehyde and add the tincture. S.—Take 20 to 40 drops of this, three to five times daily in sweetened water.—AUDHOUI.

#### FOR CONGESTIVE DYSMENORRHEA.

R Antipyrin.....	gr. ix
Ext. cannabis Indicæ,	
Ext. digitalis,	
Camphore.....	āā gr. ʒ

For one cachet. To be taken every two hours until the pain ceases, but not more than six to be taken.—P. MENIERE.

#### FOR UTERINE HEMORRHAGE.

R Ergote.....	3iiss
Ferr. subcarb.....	3iiss
Quinine sulph.....	3ss
Ext. digitalis.....	gr. xv
M. et in pil. no. c, div.	

S.—Two to be taken at each meal. Intermit the medicine every three days.—GALLARD.

#### HOSPITAL NOTES.

##### JEFFERSON HOSPITAL.

###### LEAD POISONING.

Da Costa showed two interesting cases of lead poisoning occurring in a mother and daughter. In both cases the blue line on the gums was well marked. The symptoms were headache, pain in the back and constipation; but there was no evidence to show that the poison had affected the nervous system. The history of the cases was that the patients had resided during the summer at Atlantic City, in a new house, with new lead pipes. They noticed the drinking water which passed through those pipes was brackish, and Da Costa thought it had a solvent action on the lead; the poison being in this way introduced into the system as a soluble salt. His treatment consisted in giving iodide of potassium, ten grains three times each day to the mother, with a proportionate dose for the daughter; the bowels to be freely moved by sulphate of magnesia.

###### GASTRIC ULCER.

Da Costa illustrated the differential diagnosis between gastric ulcer and hysterical vomiting in an anaemic-looking female, aged 30, who gave a history of obstinate vomiting for some years. Twelve weeks previously she inhaled

the fumes from phosphorus paste, after which she was affected with complete aphonia; and the vomiting from that time became so severe that nothing but ice cream would stay on her stomach. The patient said she had lost forty pounds since that date, and admitted having vomited a mouthful of dark-colored clotted blood on two occasions. She complained of pain and distress after swallowing food—the pain being more marked if any irritating substance was introduced into the stomach. The pain was described as of a "boring" character, referred to the dorsal region.

Examination revealed distinct pain and tenderness in the epigastrum on deep pressure. In reviewing the history of the case, Da Costa said: "The only evidences in favor of the case being one of hysterical vomiting, are the fact that the patient is a female of nervous temperament, and that a disturbance of the nervous system took place when she inhaled the fumes of phosphorus paste. But if we are to regard the case as one of gastric ulcer, which I am inclined to think it is, we have the fact that this obstinate vomiting has taken place for some years, that the patient is undoubtedly anaemic, that there is a distinct history of her having vomited blood on two occasions, that there is pain in the stomach after eating, referred to the dorsal region, and most important of all, gentlemen, that there is localized pain on deep pressure over the epigastrum.

"With regard to treatment, I shall prescribe a milk diet. Sometimes people who can't take milk, even when lime-water is added, will often retain it if a few drops of aromatic spirits of ammonia be given with each tablespoonful of milk. Then I think nutritive enemata, with Reed & Carnick's peptonoids, will be of service in this case.

"The medicinal treatment will consist of  $\frac{1}{6}$  grain of cocaine in pill four times a day, with a suppository of 10 grains of chloral morning and evening. The cocaine exercises a healing effect as well as relieving the pain in these cases.

"I have left to the last what I consider most important. *Keep the patient in bed.* This I always insist on. If there was not so much irritability of

the stomach, I would be disposed to give iron, silver or arsenic in small doses."

#### SIGHING.

At the conclusion of the clinic, a very extraordinary case of sighing was shown, occurring in a well nourished man, aged 28. The sighing was quite involuntary, and occurred at intervals of about half a minute. The patient gave a history of mental worry, with depression, for some months. He had marked symptoms of dyspepsia and was constipated. Physical examination showed his heart's action to be rapid, with accentuation of second sound; but no murmur was heard. The urine was acid, amber in color, and sp. gravity 1020. Da Costa called attention to the fact that sighing is a prominent feature of all heart affections except those due to fatty disease. He considered the case of hysterical origin, and ordered  $\frac{1}{30}$  grain of hydrobromate of hyoscine every four hours, with three-minim doses of Fowler's solution, three times a day, after meals.

#### TREPHEINING FOR EPILEPSY.

An interesting case of trephining for epilepsy was shown by Nancrede. The patient, a man aged 27, gave a history of a fall nineteen years ago, which on recovery was followed by attacks of an epileptiform character, occurring as often as three or four times every day. The attacks were unilateral, being confined to the right side, and invariably commenced in the thumb, which was flexed on the palm, the fingers being bent into a typical "claw hand." The diagnosis was made of a lesion affecting the thumb-centre in the left side of the cortex. Three weeks ago the patient was trephined over the left parietal region, an incision being made into the scalp of a horse-shoe shape, the convexity being directed backwards and to the right. A button of bone was removed, together with the cicatrical tissue from the old injury, which had involved the dura mater and pia mater to such an extent as to cause pressure on the brain; the result being that the peculiar epileptiform fits were produced. The diagnosis was verified by electrical stimulation of the thumb centres after the affected area had been

removed, when all the phenomena of the attacks were produced in regular order with great fidelity.

On the morning of the operation, the patient had eleven attacks; but there have been none since.

#### UTERINE POLYPUS.

Parvin recently removed a polypus from the os uteri, and said that in his opinion the cervical canal was by far the most frequent seat of those tumors. He also performed plastic operations for an old laceration of the perineum, and of the cervix.

#### PHILADELPHIA POLYCLINIC.

##### ORBITAL CANCER.

Roberts, at a recent clinic, operated on a case of malignant tumor involving the right side of the face. The patient was a woman, and stated that the disease commenced in the right lower eyelid about twelve months previously. On examination it was found to have involved the eye, the orbital plate of the frontal bone, the entire malar bone and the adjacent portion of the superior maxillary bone of the right side. All these structures were removed after a tedious operation; but meningitis set in which ultimately proved fatal three days afterwards.

##### VICARIOUS HÆMOPTYSIS.

Baer exhibited at his clinic a patient who gave the following history: She was 29 years; the menstrual flux appeared for the first time at the age of 15, when she began to spit blood, and has done so ever since. The hæmoptysis is of almost daily occurrence, but is invariably increased at the time of menstruation. Her family history was good, and physical examination of the chest revealed nothing abnormal; there being no cough or any evidence of pulmonary trouble.

Eight months previously she began to complain of pain in the lumbar region of a bearing down character. On visiting the clinic a few weeks ago, a vaginal examination was made, which showed the uterus to be slightly enlarged, with some prolapse and elongation of the cervix. A pessary was inserted to replace the womb, and valerianate of quinine ordered. When she visited the clinic on the 29th October, the con-

dition of the womb was much improved, and the bearing-down pains had disappeared. She was ordered hamamelis. Baer considers the case one of vicarious hæmoptysis.

#### GERMAN HOSPITAL.

##### RESECTION OF LEFT ANKLE JOINT FOR COMPOUND FRACTURE.

Gross operated on a bad case of compound fracture involving the left ankle joint. The injury had occurred five weeks previously and was attended with extensive laceration of the soft parts, the vessels however escaping.

Conservative treatment with elaborate antiseptic precautions was first tried, but without success, as it was found that necrosis of the malleoli, the articular surfaces of the astragalus and tibia had set in.

The patient having been etherized, an Esmarch's bandage was applied in the hope of having a bloodless operation; but the lesion was so extensive that it was abandoned, it being feared that gangrene of the soft parts would ensue.

A crescentic incision was made on each side of the ankle joint, and a careful dissection of the structures was performed until the bones were exposed. The joint was disarticulated, when it was discovered that the necrosis had involved almost the entire astragalus, and the articular end of the tibia. These, with both malleoli, were removed after a tedious operation accompanied with much hemorrhage. A drainage tube was inserted and the wounds closed antiseptically. Gross considered the prognosis unfavorable, and thought amputation would ultimately have to be performed.

#### UNIVERSITY HOSPITAL.

##### GASTRIC CATARRH.

The first case I shall bring before you to-day is manifestly one of chronic gastric catarrh, but from the history the patient gives us there is possibly cirrhosis of the liver. Now, experience teaches us that cirrhosis of the liver invariably commences with morning sickness, with marked enlargement of the gland, due to the fact that the interstitial tissue is increased with chronic congestion of the capsule of Glisson, so that you can

readily understand that percussion over the hepatic region in these cases is of the greatest importance in enabling us to arrive at a diagnosis.

Here we have a patient, aged thirty-five, who admits having consumed a large quantity of beer for some years. He tells us he has lost 40 lbs. in weight during the past twelve months; that he has morning sickness and chronic diarrhoea. On examination we find that there is no tenderness on pressure over the region of his liver; that there is no abnormal dulness over that organ; that the two sides of the abdomen are equally yielding; there is no evidence of piles or of portal obstruction, so that we may safely say he has no cirrhosis of his liver.

Gentlemen—cirrhosis of the liver may arise from the abuse of any form of alcoholic stimulant; but is the most usual accompaniment of dram drinking; that is drinking undiluted whisky on an empty stomach.

We find on examination that this man's heart is very rapid, but there is no murmur, his pulse is 144, his respiration 45, that his diaphragm is acting violently, and that there is marked tremor of the muscles. With regard to the loss of 40 lbs. in weight during the past twelve months it is clear that this man, from his mode of living, was puffed up with useless flesh, which in these cases is invariably lost with great rapidity. I have no doubt but that this is a case of chronic gastric catarrh, the result of alcoholic stimulants; and that the condition of the heart, respiration and pulse, are explained by the constant irritation which has been set up in the mucous membrane of the stomach.

But there is a complication present which has an important influence on our prognosis. Two weeks ago we are told that he vomited a large quantity of blood. On examining the lungs I find there is nothing abnormal in front; but when I percuss the posterior aspect of the right lung I find marked dulness, with scattered rales and increased vocal resonance on auscultation. I do not know if there has been any discovery of tubercle bacilli in the sputum.

This pulmonary complication can

hardly affect our primary treatment of the case. We must first put the stomach in order, as at present it can retain nothing. I shall order absolute rest, and nothing but milk diet, and nitrate of silver in pill, with a small quantity of opium. The pulmonary trouble I shall treat with sedative inhalations. When the stomach and bowels are in a better condition I would be disposed to give him cod-liver oil with lacto-phosphate of lime. I expect that when the gastric irritability subsides, the general condition of the patient will also improve.—(PEPPER.)

#### PHILADELPHIA HOSPITAL.

##### PARACENTESIS THORACIS.

Bruen tapped the right pleural cavity to remove an effusion resulting from a former pleurisy. The existence of dulness, changeable with the position of the patient, having been made out, an aspirating needle was thrust into the seventh intercostal space in the mid-axillary line. About half a pint of amber colored fluid was withdrawn and the aperture closed with adhesive plaster. Bruen impressed on his hearers the necessity of passing the needle horizontally to a depth of three inches, so as to make sure of getting it through the skin, the intercostal muscles, and the parietal layer of the pleura. He advocated the use of a small needle, and the withdrawal of a small quantity of the fluid at each operation, so as to avoid too sudden expansion, and consequent laceration of the lung tissue.

##### SPINAL TUMOR.

J. William White, in exhibiting the patient on whom he had operated a week previously for spinal tumor, said: "How far the patient will be benefitted by the operation I am unable to say, but he is quite over any danger that might have resulted, and, therefore, I shall not bring him before you again for some time, as the case has lost its interest as one of acute surgery."

##### SYPHILITIC ERYTHEMA.

White exhibited two patients, middle aged males, who were covered with secondary syphilitic eruption, which he classed as superficial erythema. He said it was important to remember that in those cases in which eruptions that are classed amongst the later

phenomena, occur early, there is usually danger of profound and deep-seated trouble, and the treatment should call not only for the exhibition of anti-syphilitic remedies, but the general health of the patient must be supported by tonics and generous diet.

#### GONORRHEAL RHEUMATISM.

White brought before the class a female patient for the purpose of showing the difference between ordinary rheumatism and that due to gonorrhœal infection. He said :

" Gentlemen, in this case it is interesting to know whether we are dealing with a case of acute rheumatism of idiopathic origin or one due to joint infection from gonorrhœa. There is a history of gonorrhœa three weeks ago, followed by enlargement of the right wrist-joint, which is painful and tender on pressure. There has been no rise in temperature, no acid, strong smelling perspiration and no evidence of cardiac affection. There is no personal or family history of previous rheumatism. If a patient comes to you and says, 'My knee or ankle or wrist-joints are swollen,' and you find there is but slight elevation of temperature, that the urine is but slightly altered, and that there is no acid perspiration, you may be safe in dealing with it as a case of gonorrhœal rheumatism, especially if there is a history of previous gonorrhœa. In rare cases, however, gonorrhœa and acute rheumatism may co-exist, which would render the diagnosis difficult. I have no hesitation in pronouncing this case one of gonorrhœal rheumatism, which is about the most troublesome joint affection you can be called upon to treat. That it is a mild form of pyæmia is the theory now most accepted. The pathology of the disease seems to be that it is due to the absorption of pus into the system from the urethra or vagina. It is much more frequent in the male than in the female—the proportion being about 10 to 1; its prevalence in the former being explained (if we accept the pyæmic theory) by the fact, that the long urethra presents a greater surface for absorption of the purulent secretion.

" With regard to treatment, it may be laid down as a general rule that the

iodides and salicylates are of very little use. The plan I have adopted is to give large doses of sulphate of quinine—say five grains, six times a day during the acute stage. This I follow with small doses of the mercurials—1-24 gr. of the bichloride or  $\frac{1}{3}$  of a grain of the proto-iodide of mercury. The affected joint is placed in a fixed splint and wrapped in cotton wool. I have had the most excellent results from this line of treatment in a very large number of cases."

#### ORTHOPÆDIC HOSPITAL.

##### FALSE ANCHYLOSIS.

Hunt showed a man, aged thirty-five, an iron moulder, who, twelve weeks previously had been operated on in the Pennsylvania Hospital for a large abscess of the left hand. The middle finger had been removed at the metacarpo-phalangeal joint, and the burrowing of the pus had caused matting of all the tendons with inability to flex the fingers. As the patient was unwilling to have forcible flexion made under ether, Hunt advised him to try steeping the hand in warm soap suds with passive motion every day to accomplish the desired result.

#### MEDICO-CHIRURGICAL COLLEGE. REMARKS ON CASES PRESENTING CŒDEMA OF THE LOWER LIMBS.

The condition known as cœdema of the lower extremities due to disease of the kidneys, with its attendant anaemia is well illustrated by two cases I shall bring before you this morning. Both are female patients. The first is a woman, aged 40 years, a housekeeper by occupation; she is married and has had seven children. She tells us that with each of her later pregnancies she has suffered with marked cœdema of the lower limbs which, however, completely disappeared after delivery. Her youngest living child is two years old; but a miscarriage took place five months ago, and the cœdema which then existed has since become persistent. She says that her feet and ankles are always more swollen at night, after a hard day's work, than in the morning when she rises. There is no albumen in her urine at present. With regard to cœdema of the limbs occurring during pregnancy an interesting pathological question arises as to its cause.

During pregnancy there is some hypertrophy of the left ventricle, with temporarily increased arterial tension. This of course tends to produce an interstitial nephritis; therefore, in all cases of pregnancy with oedema, it is important to examine the urine. Not that we attach much importance to the proportion of albumen, but the specific gravity taken in conjunction with the quantity of urine excreted is of great consequence. In other cases of oedema in pregnancy the cause is a mechanical one, and is due to pressure of the gravid uterus on the large veins of the abdomen, the venous circulation being impeded. This condition ends with parturition.

You will observe, gentlemen, that this patient has no oedema of the face or eyelids, and that there is not the "pasty" appearance characteristic of one suffering with kidney disease. The pulse tension is not increased. Examination of the heart shows that its action is a little rapid, probably from the excitement of attending the crowded clinic. On listening with the stethoscope over the pulmonary valve we can discover a soft anaemic murmur with the first sound; but there is no evidence of valvular disease at the aortic or mitral orifices; therefore there is nothing in the clinical history to warrant our making a diagnosis of actual kidney disease, or of organic heart affection. We may regard the oedema as due to simple anaemia resulting from poverty of the blood, and shall prescribe some tonic preparation of iron—the bitter wine, for example—in order to increase the number and improve the color of the red blood corpuscles.

The next case, gentlemen, is also one of oedema of the lower limbs, existing in a colored woman, aged 42; but arising from a different cause. The oedema is really due to a combination of cardiac and renal disease. On examination of the urine, we find albumen and casts in abundance. Examination of the eyes shows the existence of albuminuric retinitis, together with atrophic changes in the choroid; while auscultation over the cardiac region tells us that a mitral systolic murmur is present at the apex.

We shall place this patient on Basham's mixture, half an ounce four or five

times a day; and for the purpose of withdrawing some of the serum from the areolar tissue, we will order a hydragogue cathartic pill containing  $\frac{1}{3}$  grain gamboge,  $\frac{1}{4}$  grain elaterium, with  $\frac{1}{3}$  grain ext. of opium, to be taken at bedtime.—WOODBURY.

#### PHARYNGITIS.

WAUGH says that this generally begins with a burning or itching over a small spot, frequently starting at the uvula; whence it spreads upward, backward and downward. It can often be aborted by touching the affected spot with a solution of nitrate of silver gr. v. to  $\frac{3}{4}$ j. He has tried cocaine a number of times, but finds it unsatisfactory; for the trouble is thus allayed only temporarily, coming back perhaps with increased severity. If the disease has passed the abortive stage, let the patient hold ice in the mouth, apply cold or hot compresses over the throat, and give this preparation—his "diphtheria mixture."

R Potasse chloratis pulveris.....3 j  
Acidi hydrochlorici U. S. P.....3 jss  
Misce et adde  
Tincture ferri chloridi.....3 ij  
Aqua q. s. ad.....3 iv  
Sig. Teaspoonful every two hours, with no water.

This is almost strong enough to make one choke, but its effect in jugulating an acute pharyngitis is remarkable.

#### WAX IN EAR.

ATKINSON prescribed the following solution for a child's ear filled with wax:

R Liquoris soda chlorinatae....gtt. v  
Zinci sulphatis.....gr. ij  
Aqua rose.....fl.  $\frac{3}{4}$  ij M.  
Sig.—Drop in, two times a day, after washing the canal with warm salt water.

#### GASTRIC CATARRH.

WAUGH says it is singular that catarrh is so often called dyspepsia, and that patients are thus treated wrongly numberless times. Dyspepsia is, compared with catarrh, a rare disease. Here is a combination of medicaments which, he says, is of great service in most catarrhs:

R Sodii carbonatis .....3 ij  
Vini ipecacuanhae,  
Extracti rhei fluidi....aa.. f  $\frac{3}{4}$  ij  
Syrupi rhei .....q.s. ad..f  $\frac{3}{4}$  ij M.  
Sig.— $\frac{3}{4}$  ij in a glass of hot water an hour before meals.

The soda dissolves the coating of mucus in the stomach. Ipecac in small doses increases the gastric juice. Rhubarb carries off by the bowels the morbid products, and in addition increases the flow of the intestinal juices. The prescription is not to be continued too long, lest the patient become debilitated.

#### CONJUNCTIVITIS PHLYCTENULOSA.

This lasts, on an average, about eight days. Prognosis, if treated properly, is favorable. Treat with cold compresses if the cornea is not involved, and use on the eye either calomel or unguentum hydrargyri oxidii flavi. If calomel is used, do not give it to the patient, but dust in a little, carefully roll the lid over the ball for a few moments, and then remove the calomel with a soft cloth from the eye. People will generally allow the calomel to remain on the eyes of a child affected, and thus more irritation is set up than you care to have. Cases in scrofulous children are obstinate. I know of nothing else so good to tone up these children as salt baths. Make a strong solution of rock salt—as it is cheap—in a tub of water. Wring towels out of this water and allow them to dry. After removing the child from the water have it simply wrapped with these towels. Considerable salt is thus left on the body, where it is dissolved by the perspiration and still farther absorbed. This bath should be given two or three times a week.

KEYSER.

#### LENTIGO.

Freckles is a disease, and in the case of a girl often a highly disfiguring one, says Shoemaker. Solutions of boric acid and corrosive sublimate are good here. Still better is to touch each freckle with carbolic acid. This destroys the epidermis, and of course the pigment spot with it; but the process is painful. Best of all, perhaps, is galvanism, ten to twenty cells. Put the anode on the back of the neck and pass the cathode over the face.

#### COUGH MIXTURE.

To a boy of thirteen Atkinson gave this cough mixture:

R Ammonii muriatis.....3 ij  
Syrupi senegae ..... $\frac{3}{2}$  ss  
Misturæ glycyrrhizæ comp....3 iv M.  
Sig.—3 j, every three hours.

#### OÖPHORECTOMY.

Within the last two weeks Montgomery has performed oöphorectomy twice at his clinic. In each case the ovaries had undergone cystic degeneration. Both patients recovered most satisfactorily, the temperature in neither case rising above 101°, going thus far to prove that these operations, with proper care, can be performed with impunity before a large audience.

#### EYE OPERATIONS.

KEYSER performed four operations at his eye clinic, November 2. One was the removal of a meibomian cyst through the external aspect of the upper lid, because the cyst was on the outside of the tarsal cartilage. The second was an operation for strabismus. He then enucleated, without ether, an eye for traumatic injury. And the last was the evisceration for anterior staphyloma of a young child's eye. He did not like to operate in this case, for by the time the child grows up, the lids will be atrophied too much to give a good appearance with a glass eye; but the staphyloma was growing so fast he had no choice.

#### HERPES ZOSTER.

For a case of unilateral "shingles" of the right intercostal region, Shoemaker gave this treatment:

R Ferri pyrophosphatis.....gr. xxx  
Acidi arseniosi .....gr. j  
Quiniae sulphatis.....gr. xxx

Ft. pilule in no. xxx.

Sig.—Take one, ter in die.

Apply the following ointment:

R Unguenti hydrargyri oleatis,  
Unguenti aquæ rosæ..... $\frac{3}{2}$  j

#### TENOTOMY.

Apropos of a case of tenotomy, Pancoast said he proposed inserting the tenotome over the tendon instead of under it. Upon making the tendon tense it cuts itself on the knife.

## PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 15, 1888.

### EDITORIALS.

#### INFANT INSURANCE.

**I**N one of his earlier works, Carlyle adverted to the evils of infant insurance, mentioning a case where several children had been murdered by their own parents for the sake of a few shillings.

Now, the same subject is being discussed in England, and it is proposed to forbid insurance of children under three years of age.

Of late years this very questionable form of insurance has become quite prevalent in this country; a number of companies being at work in this city.

We have had an opportunity to observe the practical workings of these companies for some years, and look upon them as very objectionable in many respects. While we have not known any case wherein there was a suspicion of child murder, or even of death by wilful negligence, we have noticed many cases in which there was not that anxious scrupulous care of children who were insured, which in critical cases may make the difference between life and death. Parents are a little more lax in sending for the doctor, in nursing the child and caring for it; they are entirely too easily reconciled to its death, when that sad event brings into the family coffers a hundred dollars more than the funeral will cost.

The enormous cost of collecting the weekly installments renders this the most costly form of insurance in existence. If children should be insured at all, there should be devised a better method than one in which one-half the

premiums are expended in the cost of collection.

Finally, it must be admitted that in many cases this insurance does not insure.

In a policy left with us for safe keeping we read the following conditions, all which had been agreed to by the person taking out the policy:

1. The payments were to be made weekly, and while the company sent its agents to collect the premiums, it did not agree to do so, and the failure of the agent to call for the money did not relieve the person insured from the duty of paying on the days appointed.

2. Should such payments not be made on the proper days, the policy becomes null and void, and the subsequent collection of this and future payments by the company does not reinstate the policy holder.

Under this remarkable scheme the collector may come once a day late; then resume his regular visits, and collect for twenty years; and when the person dies, the policy is found to have been worthless ever since the first lapse.

It may be taken for granted that of those who are silly enough to sign such an agreement, not one would prove wise enough to carry the money to the central office every time the collector failed to appear before the hour for closing. Consequently, it is probable that not one of the policy holders in this company is really insured to-day; and, when deaths occur, payments are made only from policy, not by right. Some fine day, when calls become frequent, and the harvest has been reaped, we expect to hear of this company packing its gripsack and betaking itself to another land.

This condition is largely the fault of the regular insurance companies, which should have furnished to the working classes facilities for insurance in

amounts within their reach. A policy for \$100, at the age of thirty-three years, would cost about one-fourth the amount which is charged by the instalment companies; and this would be lessened by the dividends.

### ANNOTATIONS.

#### DR. AGNEW'S RETIREMENT.

**T**HE announcement that Professor Agnew contemplates an early retirement from the labors of his chair has created a sensation. Dr. Agnew is the last of that group of great surgeons whose achievements shed undying lustre upon Philadelphia surgery. It seems but a short time since Gross and Pancoast, Smith and Agnew were the four great surgical colossi of our city; but we realize the flight of time as the last of them now steps down from the rostrum, and we note the whitening locks of their successors.

A new race of surgeons has sprung up, trained in the school of these masters, but with a thoroughness of cultivation which the latter never enjoyed. The surgeon of to-day is better educated, more deeply versed in pathology; he has more positive grounds on which to base his conclusions, and hence he appears to be bolder than his predecessor. But we miss something of the grandeur of the old school. There are brilliant operators to-day, men profoundly versed in the love of the German schools, excellent teachers and good men; but these older men we looked upon with something of the reverence we felt in childhood towards the dignified old Scotch pastor, who patted our heads and asked us to repeat the "Effectual Calling."

Dr. Agnew has not waited for age to crowd him out of his chair. Still in his prime, he retires to devote his remaining years to the practice of his art. The University may fill his place with a capable teacher of surgery, but it will be long before she finds one who, by the love and respect which are felt for him by the profession, will prove such a tower of strength, a refuge in time of need, as D. Hayes Agnew.

But, "the king is dead, long live the king;" and already the question is dis-

cussed, who shall put on the giant's robe? If the University follows her late traditions, she will select one of the group of surgeons bred within her own walls. It would be difficult to find men of greater promise than White, Deaver, Roberts, or others whose names are familiar to all our readers.

But it is not always considered the best policy to promote those whose interest is already secured to an institution by a subordinate position; and men who are brought from abroad are supposed to bring a large part of their classes with them. And though we breed many skilful surgeons in the great Eastern cities, it seems that for phenomenons, for those of the loftiest mental stature, we must go to the malarial belt. Gross, Sims and Bozeman, and many other of the leaders in surgery have been developed in the West and South.

So that if Hunter Maguire, or Senn, of Milwaukee, can be induced to accept the position, it is more likely that one of them will succeed Agnew than that a local man will be selected.

#### LARD vs. COTTON SEED OIL.

**I**T is a remarkable fact that the code of laws laid down by the great Hebrew leader should, after the lapse of four thousand years, be found eminently fitted to be the guiding rules of human life. Modern science has repeatedly demonstrated the value of these laws, the reasons for which could not possibly have been known at the time they were promulgated or for many centuries afterwards. We have assured ourselves by direct experiment and by observation that the man who keeps the Sabbath as a day of physiological rest will do more and better work in the long run, will live longer and have better health, than the one who works the whole week, or fails to rest on the seventh day in a physiological manner.

Even for the latest results of our so-called civilization, the overworked brain of the nineteenth century, there is no remedy comparable to the Sabbatical year of Moses.

As to leprosy, the rigid non-intercourse prescribed by him has been

demonstrated to be necessary by the terrible experience of the Sandwich Islands. In many of the details of personal hygiene, intercourse with the sick, the relations of the sexes, etc., the regulations of the same code are appropriate to-day.

And what of the hog? Moses knew not trichina, nor the abominations of the modern manufacturer of lard and sausage, though he may have had some practical acquaintance with dyspepsia. Nevertheless, he objects not to the legumes, he makes no mention of pie, overlooks cheese and hard-boiled eggs, but levels such a deadly blow at the hog that for forty centuries he has restrained his people from using it; and even transmits his anathema to another faith; that of Mahomet.

Although trichinosis has not as yet induced any but a few timid persons to forego the use of pork, it may well be that the next half-century will witness the discovery of other and still more cogent reasons for the Mosaic prejudice.

Just now we have before us the very remarkable spectacle of the authorities endeavoring to prevent the adulteration of lard with a product which is in every way better and purer than the lard itself. If some one will kindly set on foot a prohibition movement directed against the great American hog, the country may get through its thick head the fact that we have in cotton-seed oil a substance just as useful, as available in the kitchen, and infinitely cleaner, purer and more wholesome than the hog product. Some years ago, cotton-seed oil was introduced under the name of olive butter, in the form of a liquid oil. But Bridget has been accustomed to lard, and doesn't take kindly to oil; so that to induce her to use the latter it must be made up to imitate the animal fat.

When this is done we may be induced to utilize this valuable product of our own country without first shipping it to Italy to be returned as olive oil.

#### ENTRANCE EXAMINATIONS.

A good illustration of the dislike with which students look upon entrance examinations is given in the experience

of Westminster School (London). This school offered an entrance scholarship in science of the value of 100 guineas; but the prize was not competed for, as there were no candidates.

And yet it would seem that no more beneficent regulation for the student could be imagined than the entrance examination. If he be unfitted by lack of education or by mental constitution for the work of the profession, how much better it is to know it at once, before wasting years of labor and hundreds of dollars in preparation. It is for the student's benefit and contrary to the college's pecuniary interest that such an examination is exacted.

In this connection we may cite an example which will answer a question often asked, viz.: "Why do the medical colleges favor the passage of a registry law which will seriously curtail their franchises?" Two students waited upon the writer to protest against the admission to the class of a candidate from their own town, as they stated that he was looked upon as of feeble intellect, and they added: "We do not wish our neighbors, to whom we have spoken of our severe entrance examination, to say that it was so easy that an idiot could pass it." We replied that they could rest easy, as the person in question had in writing to us spelled the name of this state: "Pennsilvania;" and consequently it had not been considered necessary to submit him to an entrance examination.

We regret to say, however, that this phonetic etymologist is now a Doctor of Medicine; and, we presume, is practising medicine in a manner as unique as his spelling.

What was the net result of our effort to elevate the standard of medicine in this case? The fees transferred to the treasury of another college; complete failure to protect the people and the profession; indifference of other students to the claims of advanced education, as "it is much easier to get a diploma elsewhere, which entitles one to the same privileges."

#### WINTER RESORTS.

IT is not the least of Florida's misfortunes that the yellow fever epidemic will put a stop to the annual

ingress of invalids, at least for the coming winter. Although there may be really no danger of yellow fever, the fear of it will be enough to keep away thousands of timid visitors.

But where are they to go? Probably hundreds of our readers are being besieged with this question. With Florida out of the running, the other winter resorts will find their opportunity. The hilly parts of Georgia and the Carolinas, the San Antonio region in Texas, Arizona and Southern California, will each be benefitted somewhat by the misfortune of the Flowery Peninsula.

It will be safe to predict that the locality which is best suited to take the place of Florida will not be so apt to do so as that one which displays the most business ability. Hotels and railways which advertise best, and local physicians who most intelligently write up the virtues of their localities, will reap the golden harvest; while modest but unknown worth may remain in obscurity. The "gem of purest ray serene" may lie for aeons in "the dark, unfathomed caves of ocean," and it is as worthless as a bit of sandstone until it receives true value by coming into human possession. So, there may be bits of this earth specially designed to become resorts for the consumptive; but unless the latter knows of them they are worthless to him.



The *American Lancet* gives an excellent example of how to discuss a matter in dispute without abuse or any display of ill-humor. To such friendly criticism the TIMES will always give heed, as it would not willingly forfeit the good opinion of its fellows. Our objection was directed against strictures which were based on envy, by journals, one of which was doing the very thing it blamed us for, and the other was printing a statement that it advertised no trade-marked preparations, when the next page contained just such an advertisement. We are perfectly willing to discuss the question of "specials" in the spirit shown by the *Lancet*, and if the sense of the profession be against them, they will have to go. But on entering the field of medical journalism we find the great majority of our jour-

nals making use of these advertising notes; and especially the journals which have approved their fitness by obtaining the largest number of subscribers. If the profession endorses them in this way, if they are so common that a journal is looked upon as hypercritical which does not give them, the conclusion of the TIMES was that it should accept the inevitable, and try to give its specials character by making them better than any others. The specials which say "Read the advertisements," "Send for Joblot's samples," etc., seemed to us ineffably silly; and we believed we could supply some which, being based on actual practice, would be of use to our readers as well as to the advertisers. Perhaps it may ease the minds of those who have no belief in any authority emanating from America, to know that the *London Lancet* recently published a "special notice" in which it described the sample, and stated that it had been in use in a certain case, which was described.

As the *American Lancet* candidly says, "This advertising matter is one of the difficult problems of honest medical journalism." But as long as there is such a diversity of practice among journals equally reputable, we must not undertake to dictate to our neighbors what course they must adopt. What with trade journals, parasite and piratical sheets, publisher's advertisements and catalogues, and other publications invading the field, the lot of the legitimate medical journal is not a happy one, and he must be allowed some latitude. How far this is to extend, he must judge for himself. The TIMES has never raised its voice in condemnation of its neighbors for any device which was not *honest*; nor has it hesitated to condemn dishonesty and falsehood. But we must request the *Lancet* not to speak of us as "editorially praising the wares of advertisers." The editorials of the TIMES have never been prostituted to such a purpose; its special notes are placed where they belong—in the advertising pages.

That the new University Medical Journal is not looked upon abroad as filling a long-felt want, may be inferred

from the following note, taken from *The Medical Press and Circular*:

Dr. Hummel (Philadelphia).—Sorry we cannot exchange; our list is already too full.

We cannot conceive why such items should be published. What interest the readers of the *Press* have in the fact that a Philadelphia doctor wants to exchange and the *Press* doesn't want it, is difficult to see. None of the English physicians we have met appeared to be snobbish enough to feel tickled by such a very small thing. Why not send the message on a postal card, and keep the space for something of more value?

The same remark applies to the *N.Y. Medical Journal's* curious custom of printing answers without the queries, or any clues by which the reader could guess what they are about.

When the Medico-Chirurgical College first opened its doors, there was some jealousy manifested by friends of the Jefferson and University, who thought the competition of a third school would draw off some of their support. In point of fact, although the new college has this term over 120 matriculates, the University has the largest class ever recorded on her books, and the Jefferson has the largest she has had for many years.

The same result followed when the second Dental College was opened in Philadelphia. More students are attracted to the city by the choice of three schools than by but one.

It would be a good thing for the Polyclinic if another similar school were organized.

LAGNEAU, in a very interesting communication to the Academy of Medicine, discusses the reasons for the disappearance of family names. Not only in France, but in other European countries, it is found that the old family names gradually disappear, until in two centuries scarcely one-fourth are to be found.

He shows that in order to keep a race in existence, an average of four children to each marriage is necessary; taking into account the deductions due to celibacy, sterility and early death.

We have received a Louisville daily journal in which a travelling pair of alleged oculists boldly advertise a recommendation signed by a number of the leading Louisville physicians, headed by Dr. D. W. Yandell. We cannot congratulate Dr. Yandell upon being in good company, when parading as endorser of advertising quacks; even though the infliction is shared by as undoubtedly *bon compagnons* as Larabee, Matthews, Wathen, Ouchterlony and Marvin. There is evidently a trick in the matter, as these men would never have knowingly consented to such use of their names.

The coming bazaar of the Medico-Chirurgical Hospital has aroused a degree of interest in this city which is quite unusual in affairs of this sort. The managers are besieged with persons suggesting novel and beautiful features, while the rush for places as aids is unprecedented. One of the managers informed the writer that she had seventy aids appointed for her table alone. We will not be far wrong in stating that every pretty girl in Philadelphia is enrolled in some department of this bazaar. No such interest has been shown in a like enterprise since the great Sanitary Fairs held during the war.

#### PARIS LETTER.

##### PHTHISIS.

THE treatment of pulmonary phthisis is always a subject that is interesting, owing to the frequency of the disease; but it does not seem to have made much progress in modern days, certainly not by attacking the occasional cause. The list of drugs that were supposed to cause cicatrization of the pulmonary ulcer is now a long one, comprising all the so called antiseptics, anti-parasitics, anti-bacillæ etc. At the present moment inhalation is in favor. First of all, air charged with all sorts of odors or simply pure country air is advised, either warm like the south of France, or very cold like the high mountain air of Switzerland. Of all forms of treatment the *high pure air* is one that has now the ascendancy, and sanatoria of all sorts are the order of the day. One of the latest ideas is to put up

large hotels in the range of mountains in Savoy, over the town of Aix les bains, and run switchback railways up the slopes to reach them. One of our best men says that the most simple treatment is the best, and that we should give drugs only with the greatest circumspection, and certainly never give those that disturb the functions of the stomach; also do not send patients off to places where they are not known, unless they are well enough off to purchase the comforts they have at home.

Two grand principles should be kept in sight in the treatment of tuberculosis. One is *permanent sojourn in open air*, and the second is *suralimentation*. In order to fulfil the first it is not enough to keep them out all day, but to see also that they have pure air all night as well. It is this last point that causes all the trouble. The atmospheric air of a room is rapidly altered in character by the presence of man. Of this it is easy to convince any one by having him enter a room that has been slept in over night; he to come from the fresh air out of doors.

The causes of this alteration are numerous. First: Insufficiency of oxygen. The daily consumption of this gas by a man should be 530 quarts in volume. Next is the increase of carbonic acid gas; of which we exhale some twenty quarts per hour; and then we also exhale volatile products such as sulphuretted hydrogen, ammonia and probably toxic substances similar to the ptomaines. Fourthly, the micro-organisms. It has been lately proved by such experimenters as Professor Brown-Séquard, that it is not so much the increase of carbonic acid gas exhaled and the want of oxygen, but also a want of nitrogen; and this last gas which exists in the air has an immense importance, of which we are only at present seeing the value. Added to this is it more than probable that the human breath carries more poisons that need to be purified in *complete air*, not in oxygen alone. A final reason is the temperature of the room.

Professor Bouchard terminated his lessons this year by saying, "your

phthisical patients must live all day in the open air, and sleep with the window open at night; but the temperature of the room must not fall below 8° degrees centigrade." Professor Jaccoud says that he does not advise the American plan of keeping the windows open winter and summer, but he advises leaving the window open in the next room; but not letting the temperature fall below 10° centigrade. At Davos each window has an aperture that is never closed, and the fires are allowed to fall to 10° degrees in the house. A second point is not to stay in the bedroom except during the hours of sleep, when possible. And in all cases the patient must sleep in a room with an open fire place. We have no means of telling if a room is pure or not, except that on entering it in the morning it should smell sweet. The windows may be closed during dressing and undressing, and the patient should wear a whole night suit of flannel, the drawers and socks being important, but the covers of the bed are never to be heavy; of course it is best to begin in the summer; but it can be done in winter with precaution; the only danger is in those who sweat, and they must be treated first and hardened to the air treatment, which is the most reasonable of all known methods.

#### ANÆMIA.

Anæmia is a word that is constantly heard, and Professor Germain Sée took up nearly all his last sessions lectures on the subject of *Real and False Anæmias*. He found that there is no greater fault than that giving iron to every pale patient one sees, and if by anæmia we mean a deficiency of red blood corpuscles, then there are *very few real anæmias*. In fact the real anæmias are but three in number. 1st. *Total anæmia*, when from some great hemorrhage there is a diminution "*en bloc*" of all the elements of the blood. 2nd. *Chlorosis*, which is characterized by a functional defect in the hemoglobin, which according to Dr. Sée does not mean that there is a diminished number of the globules, but a malady of the hemoglobin itself, while the number of the globules may remain the same. 3d. And last is the anæmia called

*spontaneous*, where without hemorrhage there is a diminution of the hematics.

Outside of these three types there is no real anæmia, but an immense number of false anæmias which Professor Sée divides into classes. First is the class of those patients who suffer from *inanition* from a number of causes, most prominent of which is insufficient nourishment; and just here iron will certainly do no good, while a good beefsteak will work wonders. Not only, however, does this class of poor pale people consist of really indigent classes, but also of the so-called anæmics who live according to a badly combined regimen. Another class of this form is the *apneics* or those who get pale from insufficient respiratory alimentation; these are the room workers in a close atmosphere, and whose blood is quite rich in globules; all the same they are pale, since it is air they want and not iron. A further class is the *worn out or fatigued cases*, who are pale and tired from hard work, be it muscular or mental, or again from too much alcoholic or sexual stimulation. Still one more class of false anæmias is the worn out class from disease, albuminuria, diarrhoeas, fevers, dropsy, etc., etc.; but none of this lot are really anæmic, and if their blood globules are counted they will be found as great in number as in healthy persons.

Still another group is the poisoned class, who are cooks and workmen in noxious vapors, whose blood is charged with carbonic oxide, or carbonic acid gas or lead poisoning; they are also pale, but they have nothing to do with real anæmia. Finally, there is what Dr. Sée calls the *virulent class of false anæmias*, which includes scrofula, tuberculosis, syphilis, rheumatism, malaria, cancer, and other maladies which all produce paleness of the tissues, and a weakness which recalls the classic symptoms of anæmia, but the hematoscopic characters are quite different in all these cases from real anæmia, and the alteration of the blood is here of a virulent kind quite different from anæmia. This study of Prof. Sée's is of great practical merit in a therapeutic point of view, because it teaches that iron is useless in a great number of these false anæmias, and it should not be given in a careless way to all pale patients, as it

will only provoke digestive disorders that are worse than the patient's illness itself. In the present scientific era iron should be given where the indication is clearly shown by hematoscopic examination, and not distributed to all this mass of pale people, who should have the real cause of the pallid appearance carefully sought for, and the real remedy applied; whether it be suppression of the cause, as in inanition cases, where good food properly given will cure; or in the class of intoxication of the blood again, suppress the poisonous gases or the lead, etc.; while for the paleness resulting from diseases, it need not be told to an intelligent physician that he is at fault if he misses the real disease, and calls a false anæmia a real one, and gives iron in place of a disease medicine.

#### CARBOLIZED CAMPHOR.

Carbolized camphor is the name of a preparation that is used by Dr. Gaucher, one of our Paris hospital physicians, in the treatment of diphtheria. M. Gaucher looks upon diphtheria as a local accident that precedes general infection, which is sure to come on from the presence of the false membranes on the pharynx; and he thinks that the membrane should be destroyed at once, and at all risks.

He takes from five to ten grammes of carbolic acid, and from 20 to 30 grammes of camphor, dissolved in 60 grammes of alcohol at 36 degrees, and then adds an equal volume of sweet oil; this caustic solution is applied on a little cotton wound on a probe, and the false membranes are rubbed with it until they are detached, when the denuded surface is touched with the solution, and the operation is repeated morning and evening. During the intervals a solution of carbolic water is used to wash out the throat (100th). M. Gaucher reports 16 cures in 16 serious cases he had, but states that the method is very painful, even when the throat is first touched with a solution of cocaine of two or three per cent. It is however a method that should be tried in adults, as children would not support the pain.

#### PARAPHENACETINE.

Paraphenacetine is a new product that M. Dujardin-Beaumetz has already

spoken of several times to the *Société de Thérapeutique*. He says that it has certain advantages over the medicines used to combat pain lately; that is antipyrin and acetanilide. This last product is now considered by all physicians in France as a dangerous remedy to make use of; it certainly brings on cyanosis and other troublesome symptoms. Antipyrin is by no means so dangerous and Prof. Germain Séé claims that it is harmless outside of some slight cases of eruption which had no bad results and a little gastric disturbance sometimes. M. Dujardin-Béaumetz claims for the newest product, that it does not produce any unfavorable symptoms beyond a slight headache, and in very sensitive persons vertigo; but no matter at what dose given it does not poison animals; it may be that its insolubility prevents it, and this is one reason that Dr. Séé prefers the antipyrin, as it is soluble. As to indications, antipyrin is certainly superior to the others for congestive sick headache, or migraine, and it is claimed for the acetanilide or antifebrin, that it acts best in neuritis and in tabes; the paraphenacetine is preferred in vague pains in nervous troubles of a hysterical form.

As to rheumatism it is still tributary to the salicylic medication; but the intolerance of that drug in certain persons is best met by antipyrin instead, or even better by paraphenacetine, which is better tolerated by an irritable stomach. In febrile states acetanilide only does harm, as it increases the cyanosis and the depression, so that it is a bad antithermic agent; the other two, antipyrin and paraphenacetine, cause a too great fall in the temperature, and they have no action on the fever. M. Robin has shown the danger of these products in fever cases, as they contribute to storing up in the economy the products of denutrition of the tissues, so that these three drugs give but little good results in fever cases, and their use should be abandoned; their special indication is as *analgesics*, and certainly they act upon pain in a remarkable manner in most cases.

#### OLIVE OIL IN BILIARY CALCULI.

Professor (*agrégé*) Chauffard, (who is a son of the late full Prof. Chauffard),

has been trying the method proposed by a New Orleans physician of giving large doses of olive oil for biliary calculus. According to Dr. Just Touatre of New Orleans, hepatic colic could be cured by taking four hundred grammes of olive oil in two doses, a quarter hour apart, then lying three hours on the right side, and ten hours afterwards the stones will be expelled by stool. M. Chauffard tried the method on several women he had in his hospital service, and found an amelioration of the symptoms, an evacuation after seven or eight hours, of a large number of concretions of a green color and half-solid consistency, of various sizes, from a pin head to a small nut. They were soft and resisted the action of water, and it was these no doubt that had been taken for real calculi by the first observers of this treatment; but a chemical analysis by Prof. Villejean showed that they held but a small proportion of cholesterine, and were formed of neutral fats and free fatty acids. A very simple experiment indeed proved that they were not biliary calculi, as a real calculus placed in olive oil for a long time remained unaltered. Experiments made upon animals and cadavers by M. Chauffard, also showed that the oil did not go up the ductus choledochus, nor the cystic duct, and could not soften the calculi. The conclusion is that the method causes a discharge of certain products that gives a relief to the patients; but it does not soften the real calculi, although some few came away with the soft matters; but this would happen with any purgative. It is a method to be tried in certain cases, and most of them supported the dose very well. Cantani, of Naples, used to try the oil the other way, by giving immense rectal injections of olive oil.

THOMAS LINN, M. D.

#### SOCIETY NOTES.

#### NORTHERN MEDICAL ASSOCIATION.

##### REMARKS ON DR. UPDEGROVE'S PAPER.

*Dr. John B. Roberts:* While not one of the committee of the State Medical Society which recommended the proposed bill to establish a State Board of

Medical Examiners, I desire to state that I am heartily in favor of the bill; not because it is a bill expected to protect or aid the profession of medicine, but because I believe such a law will protect the public against the profession. If the profession of this State cannot protect itself, and support itself, by its record of good, legitimate and proper work, I do not want a law to protect its members by keeping other physicians from settling in Pennsylvania. I do, however, desire that the State shall not lose the labor and energy of any of its citizens by reason of sickness or death due to the ignorant and careless medical attendance which they receive from improperly educated and unscrupulous doctors. I believe that paupers are cast upon the bounty of the State, and that much wage-earning capacity is lost by reason of preventable sickness and death; preventable by the State seeing to it that its citizens are protected from the dangers of medical ignorance.

I think the speaker is incorrect when he says the bill is advocated against the almost unanimous wish of the profession. I hold that there is good evidence that a very large part of the profession approve of this form of law. This very bill, or rather the one from which it was drafted, was approved three years and a half ago by the Section of State Medicine of the American Medical Association, and afterwards approved by the general meeting of the Association, then in session at New Orleans. The Association directed that the various State societies have their attention called to the bill, in the hope that such legislation might be effected in the different States of the Union. The bill was forwarded from the Association to our State Society meeting, that year at Scranton, and its principles were endorsed by the State Society. Last year the State Medical Society, after full discussion, approved it again, at the meeting in Philadelphia. I think some similar action was taken at the Williamsport meeting, or at the Bedford meeting. At any rate, there was no action at those meetings in the nature of rescinding or altering the well known previous action of the Society. You all know how the bill was

approved last Spring, at the Philadelphia County Medical Society, at the largest meeting that had been held for several years, with only one or two votes in the negative.

How can the gentleman say, in the face of this evidence, that the almost unanimous verdict of the profession is against the proposed law. These meetings were held in widely different sections of the State and country, during the space of nearly four years, and were composed naturally of very different groups of voters; but the result was approval time and again.

I think the speaker is incorrect again when he says such a law will encourage quackery. In the Canadian province of Ontario, irregulars have ceased to exist, or at least to practice, since the legislation requiring a State examination was effected. In Minnesota, the examination of the State Board drove incompetents and irregulars to the neighboring states in large numbers. Are Pennsylvania and the other states not so protected to become the homes of, and offer the fields of practice for, these undesirable doctors?

My friend objects to the bill because it is possible that the Governor may appoint some homeopathic physicians members of the Board, and says the Board should not exist if such a state of affairs is probable. I believe that in Illinois, where there are others than those of our own profession on the Board of Health (which acts in a certain measure as an examining board), there is no lack of proper investigation into the qualifications of candidates by reason of this association, and no harm done to the integrity or honor of the profession.\* If homeopathy is excluded from representation on the board by any clause in the bill, it can never become a law. The gentleman seems to think that such a bill would be passed by the Legislature. If he had studied the history of the birth of the State Board of Health of Pennsylvania, he would know better than that. Ten long years of agitation were required to effect that desirable end; and it was

\*The American Medical Association has decided that to serve on State Boards with homeopathic members is not improper, and does not constitute a consultation.

only after all embarrassing and restrictive clauses were dropped, that the Board was created by the Legislature.

If a State Board of Medical Examiners and Licensers is needed, it can only be obtained by showing that all men are to be subjected to the same treatment and the same examination. No special legislation, no legislation that appears to be of special advantage to one class of physicians can be carried through the Senate and House of Representatives of this commonwealth.

That a Board of Examiners is needed is shown by the recently published reports of the Boards of Examiners of North Carolina and Virginia. Extracts from these reports have been printed in the *Journal of the American Medical Association*, from which journal I have taken the facts quoted, with numerous omissions, however, of unimportant portions of the article.

*"Board of Examiners of North Carolina."*—In 1886 there were 63 applicants for license before this Board; 17 were rejected—26.99 per cent. In 1887 there were 48 applicants; 14 were rejected—29.17 per cent. Of the 34 that passed the examinations, 32 were regular graduates. Of the 14 that did not pass, 8, or 59.14 per cent., were graduates. In 1888 there were 53 applicants; 17, or 32.07 per cent., failed to pass. Of the 36 that passed, 35 were graduates. Of the 17 rejected, 12, or 70.58 per cent., were graduates. In 1887 and 1888 there were thus 101 applicants—87 graduates and 14 non-graduates; 22.98 per cent. of the graduates failed to pass; while 78.57 per cent. of the non-graduates failed.

*"State Board of Examiners of Virginia."*—At the examinations held by this Board in April, 1888, there were 34 applicants, 1 of whom withdrew. Of the remaining 33, 26 passed and 7 were rejected—22.22 per cent. Of the 33 applicants 30 were graduates; of the 7 rejected all were graduates; of the 3 undergraduates all passed.

The last report of the Virginia Examining Board gives a list of the colleges from which graduates have come before it for examination. The table shows that since the organization of the Board, January 1, 1885, there have been 223 applicants in all, 49 being

rejected—21.97 per cent. Of the applicants 212 were graduates; 45 were rejected—21.69 per cent. There were 11 non-graduate applicants, 4 of whom were rejected—36.36 per cent.—and 2 had not completed their examinations at the time of the report. In the table are given the names of 27 colleges from which applicants have come before the Board; excluding the University of Heidelberg, we have 26 American colleges; 13 of these sent 51 applicants, all of whom passed; 13 others sent 156 applicants, with an average of 34.73 per cent. of each rejected—more than one-third.

"Among the colleges represented were the following: Medical College of Virginia, 54 applicants, 7 rejected, 12.98 per cent.; University of Maryland, 33, rejected 8, 24.24.; College of Physicians and Surgeons of Baltimore, 33, 10 rejected, 30.3 per cent.; Jefferson Medical College, 12, rejected 3, 25 per cent.; Bellevue Hospital Medical College and the University of the City of New York, 5 each, rejected 1 each, 20 per cent.; Vanderbilt University, 3, 1 rejected, 33.33 per cent. \* \* \* There are still other interesting figures to be had from the table. Of the 45 rejected graduates, 21, or 46.66 per cent. (from 8 colleges) applied for a second examination; of these 9, or 42.85 per cent., failed a second time. We thus see that the Board held 228 examinations of graduates of American colleges, and rejected 23.68 per cent. Can any one wish for better proof that the colleges (as a class) are not regulating themselves, but need regulation, and a great deal of it.

"The percentage of graduates to matriculates in American colleges now averages 30.5. The average for the colleges whose students failed before the Virginia Board is 34.12—3.62 per cent. higher than the general average; for the colleges whose students passed, 28.53—1.97 per cent. lower than average. The colleges whose graduates failed, then, graduate 5.59 per cent. more of their matriculates than the colleges whose graduates passed. Colleges whose graduates failed average 2.07 courses of 22.44 weeks each; others 2.61 courses of 25.84 weeks each. Average for American courses is 24.9 weeks;

average course of colleges whose candidates failed is 2.46 weeks less—of others 14 week more, or 3.46 weeks longer than the course of the other colleges.

“Counting first and second applicants, we see that 228 graduates were examined, and 54 failed—23.68 per cent. From 1877 to 1887 inclusive there were 36,097 graduates from medical colleges of the United States. They held documents that are considered as entitling to practice in the majority of our States and Territories. But according to the above figures, if these 36,097 had gone before an efficient examining board, 8,300 would have been rejected! About 1,400 more than there are physicians in Illinois now! It is appalling to think that in ten years more than twice as many incompetents have been graduated from the medical schools in the United States as there have been graduates during any one of these ten years, except the session of 1881–82, when there were 4,450 graduates.”

It might be supposed that the questions asked by this Virginia Board were unfair questions, or those that would be incorrectly answered by many practical and safe practitioners. To disabuse your minds of this idea I shall give you some of the questions, which were incorrectly answered, taken from the report of the Board. Moreover, I was told to-day by a medical friend, who was present at one of these examinations as a spectator, that the questions were legitimate and proper questions, and not at all of a transcendental nature. Let me, however, give you examples. Here they are, with the replies given by *graduates* in medicine.

“Describe the larynx. *Ans.* The larynx is composed of cartilage. The œsophagus passes through the larynx.

What is the function of the liver? *Ans.* Do not know.

Give tests for arsenic. *Ans.* Sulphuretted hydrogen is one. Don’t know rest.

Give test for mercury. *Ans.* Do not remember.

Give dose of tartar emetic. *Ans.* Ten grains.

Give dose of sulphate of atropia. *Ans.* Hypodermically, 10 grains; by mouth, 60 grains.

Give dose of corrosive sublimate. *Ans.* One grain.

How would you treat placenta prævia? *Ans.* I don’t know what it is.

Give dose of powdered cantharides. *Ans.* Forty grains.

What is the source of iodine? *Ans.* It is dug out of the earth in blocks, like iron.

Describe dengue, or break bone fever. *Ans.* By four applicants: A fever that comes on soon after the bones are broken. By one applicant: The patient should be cautioned against moving, for fear the bones should break.

Describe the peritoneum. *Ans.* It is a serious membrane lining the belly and extending into the chest, covering the heart and lungs.”

You laugh, gentlemen; but why not weep when these *graduates*, who have been driven from Virginia, may have settled in Pennsylvania; perhaps, indeed, in the very summer-resort where your wife and children may spend next summer’s vacation. Wouldn’t you rather they should be treated by an intelligent homeopath or by nature than by a regular graduate who gives sixty grains of atropia at a dose?

These facts certainly show that many of our most reputable and renowned schools need supervision of their graduates.

I, for one, believe in the bill of the State Medical Society, and cannot share Dr. Updegrafe’s opinion as to its folly and evil portent. Much more might be said on other phases of the bill; but I have spoken too long already.

*Dr. Philip Leidy:* I have been interested in the subject under discussion this evening, particularly by reason of the clear and deliberate manner in which it has been presented. At the first discussion on the same subject at which I was present, the matter assumed such a vindictive shape that the interest manifested by many was lost. Though I do not agree with some of the features of the proposed bill, especially the personal association, I am free to admit that I have been made somewhat of a convert to its general provisions. Granting the objections to the proposed bill well taken, what character of a bill can be framed to meet all the “requirements,”

different from the one suggested? It must be borne in mind that it is your legislature which gives your colleges life by granting charters with certain rights and privileges; and for the same power which gives life to destroy the same in the one and same breath by discriminating between the different schools of practice, to which their legal consent has already been granted, would be inconsistent with common sense and good law. It is seldom the constituents of a representative are a unit in matters of improvement or progress; hence, his influence, regardless of his personal opinion, is used for the common good.

There are quacks and frauds (men and women) in religion, law and medicine; in fact, they abound everywhere; and the sooner we secure proper legislation to rid the community of them the nearer we arrive at the performance of that which is our duty to the community. The Philada. County Medical Society (numbering over, I think, five hundred members) has done some good work, and more is for it to perform. During the apparent cessation of hostilities of its committee, the impostor has sprung up all around us, like the toadstool. I say here, without fear or favor, that the medical faculty granting diplomas to such as have been instanced here this evening should be deprived of all rights under its charter. Paine's and Buchanan's "Bogus Medical Diploma" factories are co-equal with such. The announcement of such deplorable ignorance, the truth of which cannot be questioned, is sufficient cause, and calls for immediate measures for protection; and rather than to have such an element in the community preying upon its very vitals, we should accept the proposed bill—without further debate—as it is. Leaving the necessities as they arise to suggest modification and improvement, all new departures, especially with view to improvement, are liable at first to develop refractory features, and do not act in harmony. If such should be in the present proposed bill, the objection could be remedied.

As the matter stands, the granting of diplomas by medical colleges in the States unprotected (New York, Penn-

sylvania, New Jersey, and some others) appears to be on the "go as you please plan," "you pay your money, and take your choice," thereby endangering the life and health of our people. We are looked to for relief, and the remedy is in the proposed bill now before us. At least it will aid us materially in bringing about the desired end.

*Dr. H. C. Paist* said: The matter of the proposed bill for a State Board of Examiners, wherein there is a provision for the three additional members to be appointed by the Governor, and the probability of his appointing three homœopaths, is the question involved in the paper of this evening. I will endeavor to meet the arguments set forth, occupying as little time as possible. The paper denominates homœopaths quacks. What is a quack? A pretender to medical skill. Are not homœopaths educated in all the branches pertaining to medicine? Is he not taught the several branches of medicine? While his doses and his theory of the action of his potencies differ from ours, as your ideas, Mr. President, and mine may differ as to doses and manner of prescribing, and even the action of the medicine prescribed, does that prove one of us a quack, providing we both are qualified medical men? By no means. They and we learn from the same books all that might well be considered under the head of exact science. I refer to chemistry, anatomy, physiology, obstetrics, surgery and *materia medica*. Of their therapeutics, their notion of the action of medicines and of their doses infinitesimal, I have nothing to say; only this: Do the regular profession claim to have arrived at that stage of perfection in these matters that it can proclaim the entire system an exact science? If so, then all who do not embrace it are quacks, pretenders, and are ignorant of scientific medicine. If we cannot substantiate this claim, then what? Should we ostracize them because they are not pleased to accept that which we have not to offer; and if they accept not, should we denominate them quacks? I greatly fear this would not be charity. Can we prove that they are less successful with the application of their theories than we are with

ours? If so, then we, with fairness, could prove them quacks. Was it wrong that they should have formed a separate sect or school? Did they do it of choice? Has the regular school been noted for its liberality in its investigations of new theories or dogmas, or has it rather inclined to condemn without the process of trial? I am constrained to believe, had our profession been less autocratic, there would have been no homeopathic school of medicine to-day.

The homeopaths are educated in institutions chartered by the same commonwealths as our own, and therefore must be protected by the same authorities; and to meet this emergency it would seem but just that they should be represented on the State Board of Examiners. The aim should be rather to look to the proficiency in their attainments, not only as to a medical but a general education, leaving sect or school entirely out of the question. Were my family from home, I would much prefer, if occasion required, to have them call in an educated gentleman of the homeopathic persuasion, than risk them to the tender mercies of an incompetent, though he might possess a diploma of the most popular college in the land—I would fear a 60 gr. dose of atropia.

By the passage of this bill we would be spared the danger of contact with men or women graduates, of whatever college or kind, or those who are not graduates at all, who surely come under the head of dangerous quacks; and the medical profession, honorable as it is, would be honored by its members.

*Dr. Longaker* agreed with the previous speakers, and not with the author of the paper.

The lay public regards our views of homeopathy and homeopaths as prejudiced.

The leading practitioners of this sect have virtually abandoned their dogma.

The President of the State Society, at its meeting in Philadelphia recently, is reported as saying, that the law of *similia* is not the only law of cure.

Moreover, the modern homeopath says he is broad and liberal in his views, and he is therefore sure of the sympathy of intelligent persons. Not

so with him who is ready to stigmatize the sect as quacks on all occasions.

The people and the profession need protection from the colleges. The best turn out men notoriously ignorant. In one instance, a man was given his diploma in order to get rid of him.

The President, Dr. Vogler, made a few brief remarks favoring the bill.

For a long time he had given the subject under discussion to-night earnest study. Probably nowhere among civilized communities did such lax legislation exist regarding the shameful sway of charlatanism as noticed to-day in the State of Pennsylvania.

Is it any wonder that bogus and improperly educated medical men, driven out of neighboring States, seek our State as a haven of rest and profit.

The bill, in his humble opinion, was the most earnest and thoughtful method yet brought forward to eradicate this evil. Its passage and strict enforcement must abound in inestimable value. Great good must result to the general public. The honest and respectable physician will receive long delayed justice and security.

By relating an incident, Dr. Vogler forcibly illustrated the absurd weakness of the present registration act.

*"At any rate, it is the entering wedge for a subsequent bill, and is better than nothing."* Such was the lamentable excuse given the speaker for its existence by one in authority. While visiting one of the New England States this summer he noted a striking example of the benefit resulting to both the laity and the profession by the strict enforcement of good laws relating to this subject.

All this reflects little credit upon our State—the greatest center of higher medical education in the Union.

#### PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, SEPTEMBER 28, 1888.

The President, Dr. Mary E. Allen, in the chair.

*Dr. Caroline P. Anderson* read a paper entitled:

*"REPORT OF A CASE OF MORPHEA."*

H. S., colored, age 66, widow, had given birth to eight children, and had

two miscarriages ; was first seen by me July 15, 1888.

The patient was suffering with an intense itching and creeping sensation over the entire body. This trouble began at least thirty-five years ago, the patient thinking she had been poisoned. She had worked exceedingly hard in the days of slavery, but did not associate her trouble with that fact. Had no trouble at the time of the menopause.

So intense was the itching, during the early stages of the disease, that the patient would tear off the skin in her effort to get relief. In the meantime catarrhal symptoms were manifested, and her head and throat became so "clogged" (as she expressed it) that she resorted to everything suggested by friends, as well as prescribed by physicians, in order to obtain relief. Finally, she was advised to use sea water, which, after a time, relieved her. She moved from Virginia to Atlantic City, having been assured that she would find relief. She had also, after leaving the South, taken her remedies, which a quack doctor had prescribed for the itching, and every six weeks, or three months, a dose of senna and salts. She attributed her slight relief from the itching very largely to the medicine which she was taking, though it is more probable that it was due to her change of residence and mode of life.

For some reasons she was obliged to give up the herb doctor, and afraid of losing what she had gained, if she were without treatment, she placed herself under my care.

I found her condition as follows : Tongue white and soft ; breath peculiarly odorous and heavy ; pulse 80, regular, but weak ; respirations short and quick ; the bowels moving irregularly ; urine normal.

The itching and creeping sensations were most distressing to the patient at this time, being worse at the left wrist and both heels, where the true skin had been replaced by a covering having a white alabaster appearance, suggesting leprosy ; four toes of the right foot had been denuded, and presented a similar appearance.

Recognizing the fact that the entire

intestinal tract needed stimulation as well as tone, and that the anaemia, though excessive, must be relieved gradually, if done at all, and finally that attention must be largely directed to the impaired nervous system, I first resorted to the mineral acids, nitro-muriatic dil. with sodii phosphas, for its invaluable action on the liver, combining with them the tincture of calumba, for its mild and pleasant, yet no less effectual, bitter tonic action. Full directions were given in regard to diet, cereals and milk being enjoined, also beef and mutton soups, in preference to the many indigestible kinds of meats and their no less indigestible modes of preparation.

Alkaline baths of borax and soda were also ordered to be taken as often as convenient.

Ten days later the patient returned. The itching was much relieved ; the respirations were less hurried ; pulse still rapid ; tongue less pale, but still soft.

I now ordered digitalis, Fowler's solution, and still stronger bitter tonics, as cinchona and gentian. After an interval of ten days, the patient reported to me. The distressed countenance had brightened ; the itching was greatly relieved ; pulse and respirations had diminished in frequency. I prescribed a mixture containing citrate of iron and quinine, bicarbonate of potash, Fowler's solution and calumba, advising an occasional return to the first prescription in the event of discomfort to the patient, as indicated by a return of any of the old feelings along the intestinal tract, if the iron should not be well borne.

The directions were followed closely, and when I next saw the patient little dark spots were noticed dotting the hitherto bare and waxy space, suggestive of returning pigment. Although these points had been noticed by the patient herself, her delight at the disappearance of the itching and creeping sensations was so great that she paid very little attention to any other symptoms.

She continued her remedies, as before, for three weeks, when she again called upon me, saying that she was relieved entirely of all itching and creeping sen-

sations, which she had not been for thirty-five years. She said, too, that she could eat freely of things she had not been able to digest before. As she feared a return of the old conditions, she expressed herself as anxious to follow any directions that might be given.

Cod-liver oil and iron were advised; the former being considered a safe remedy for the coming wet and cold season; with directions for a return to the first remedies should any indications make such a course seem necessary.

As I was leaving Atlantic City I did not see her again; but she promised to communicate with me in case any change should occur.

While in leucoderma, which this disease closely simulates, there is diminution of pigment, there is no textural change. We are told that it is a somewhat rare disease, and that Wilson and others are inclined to regard it as a remnant of leprosy left with us.

Attention was especially drawn to this disease by Addison as a form of keloid, and a well defined position was accorded it by the excellent description of Wilson in 1868. In America it has since been pretty generally recognized, but in Austria it is still confounded partly with anaesthetic leprosy, and in the more severe forms with scleroderma.

The nerves of sensation are, to some extent, secondarily interfered with, producing different degrees of anesthesia.

It is much more common in females than males, and is due to a weakened trophic or nutritive power, and is a sequence of nutritive debility.

In anaesthetic leprosy the patches never present the curious wax-like condensation, or infiltration of the skin, and the history of the patch is different.

It is held, in England, that morphœa is only a peculiar circumscribed form of scleroderma; that the former may pass into the latter condition, and that clinical experience shows that the two forms are connected by a complete series of cases.

In America this view is not so generally held. MARY WILLITS, M.D.,  
1527 Green St. Reporting Sec'y.

#### MEDICO-LEGAL SOCIETY.

AT the last meeting of this Society, held upon October 30th, the proposed bill for the creation of a State Board of Examiners and Licensers was made the special subject for discussion.

*Dr. Waugh* opened the session by reading the proposed act. He then spoke of the contempt with which the American profession is looked upon in Europe, owing to the ease with which degrees are obtained from some of our colleges and also to the lack of government supervision and endorsement of the bodies granting degrees. Even in England and in Germany the famous schools which attract students from all the world are not allowed to license their graduates to practice. The proposed law seeks to put the Pennsylvania physician on an equality with these by enabling him to obtain a governmental endorsement of his qualifications.

The speaker acknowledged that the question of irregulars was a difficult one; but believed that the best way to deal with them is to compel their schools to educate their students up to the same standard which is required of regular graduates. If this be done, they will have the same right to practice, in law and equity. The better both sides are educated the less will be the differences between them; and thus we have every reason to believe that sects and parties will cease to exist. On the other hand opposition, real or alleged, has been the chief factor in the spread of homœopathy. The democratic spirit abhors the very semblance of persecution for opinion's sake, and common sense revolts at exclusivism in the healing art. Everything which looks like bigotry or intolerance helps to keep up sectarianism. If there were a way open by which homœopaths and eclectics could enter the regular ranks without going through a regular medical course, there would be a general rush to our camp. And when it is considered that many of these gentlemen are as well educated in medicine as ourselves, and that the differences in their practice and our own are quite within the bounds of that latitude which must

exist among independent men, the wisdom of an iron-clad exclusion becomes questionable.

The present registry law has done much good in excluding ignorant men from practice, and in enabling the Pennsylvania colleges to enforce a high standard, which previously had only the effect of driving students out of the State to low-grade, short course schools. This law has proved defective in some particulars, and exposes the profession to serious danger from the creation of irregular schools.

While the proposed law does not fully meet the wishes of the speaker, he looks upon it as a wise measure, calculated to elevate the status of the profession and to protect the interests of the people.

*Dr. Chandler* suggested that five years' practice is scarcely long enough experience to fit a man for the responsible position of examiner. He should have ten years' practice, including two years in a hospital.

*Dr. Trau* agreed with the last speaker, and approved of the bill. He thought the only way to get rid of irregulars was to educate them.

*Dr. McBride* inquired how the governor was to tell whether the regular or Homœopathic Society was meant.

*Dr. Hirsch* stated that the State Society was chartered, and the bill gave the legal name, which rendered it impossible for any other organization to be substituted for it. Nothing favors homœopathy so much as opposition.

*Dr. Zeigler* favored the bill, believing that it benefitted the profession and the people. No law can be enacted which favors any one school at the expense of another; but an act which elevates the standard of all alike ought to and will pass. In California there are two boards, one for regulars, the other for homœopaths.

*Dr. Jurist* also believed that homœopathy prospers by opposition. He did not consider it incumbent upon us to teach the public the truth of medical theories, or to convince it that homœopathy is wrong. The laity set this down to jealousy. We have no right to dictate how another shall practice,

but can exact a proper degree of education, leaving each individual to practice according to the dictates of his own conscience.

*Dr. L. F. Flick*, who was present, was invited to speak on the subject. He did not favor the change of the qualifications of the examiners from five to ten years, as this might shut out some who would be very desirable members; while, if any very young persons were appointed, it could only be because they had already distinguished themselves. Nearly all the States now have adopted bills of this sort; none of them better than this, and some of them identical with it.

*Dr. Vogler* hoped the society would endorse the bill unanimously. He thought we were fifty years behind in now seeking to oppose homœopathy. He gave a striking instance of the imperfection of the present law as now executed.

*Dr. Chandler* detailed the experience of the mixed Board in Michigan University.

*Dr. Stewart* spoke briefly in favor of the bill.

*Dr. Stubbs* considers it the best which could be devised. Give irregulars the same examination as our own men, and, if they can pass it, they *ought* to be licensed.

*Dr. Buckby* thought we should not be too hasty in so important a matter; but favored the bill. He did not believe that any homœopaths now exist.

*Dr. Trau* then moved that the bill be endorsed in its entirety by the society; that a committee of five be appointed to co-operate with the committee of the State Society in presenting the bill to the Legislature. The motion was seconded by Prof. W. S. Stewart and carried by an unanimous vote.

The committee consisted of Drs. Trau, Stubbs, Stewart, Gominger and Buckby.

After this business had been attended to, the members sat down to their quarterly collation, which was served by Mr. Horace B. Wimley. The Medico-Legal Society is one of the most social medical organizations in the city, and its meetings are always enjoyable as well as edifying.

## LETTERS TO THE EDITOR.

*It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.*

"PROTRACTED LABOR, FUNIS COILED AROUND NECK, CHILD ASPHYXIA-TED, RETAINED PLACENTA WITH HOUR GLASS CONTRACTION."

*Ed. Med. Times:*

It seems that it seldom falls to my lot to have what I might call an "easy case;" old dame fortune seems to take special pains to direct to my care complicated cases; and that some of the younger members of our fraternity may be benefitted by my experience I write.

On 4th Oct., 8 A. M., was called to see Mrs. S—, a primipara aged 20, who had been in labor 10 hours. Upon examination the parts were rigid, os dilated about size of 3 cent nickel, patient very nervous and excited, pains about 12 minutes apart and rather severe, and patient making strenuous and exhaustive efforts in bearing down, which I assured her were useless; when I took my departure with strict injunctions to call me when the pains were five minutes apart. At 8 P. M., 12 hours later, I was summoned in haste and found os dilated about the size of a quarter dollar, parts somewhat relaxed, pains about five minutes intervals; she was so much exhausted now that she slept between each pain; this state of affairs continued until 12 o'clock, when membranes ruptured, os fully dilated, the L. O. A. presenting. Second stage lasted three hours, patient exhausted, child born asphyxiated, cord around neck, child very blue; having recognized the above condition at once I released the cord, and endeavored to establish respiration by all usual methods, viz.: arm extended, compression of diaphragm; but not until I had recourse to that to me unpleasant method, mouth to mouth insufflation, were my efforts a success. I neg-

lected to state that when the cord was cut, only about four inches extended from the vulva, so you may imagine what traction I had to make in order to release the entwinement.

Having disposed of the infant, I now directed my attention to the mother, who I found very much exhausted, and still having very much pain; upon inserting my hand I feared that I could not find the placenta; upon following the cord I found it led to and ended abruptly about centre of fundus. What have I here? I had never seen this before. Placing my other hand on the outside of abdomen I found it was opposite the left one and about eight inches below a hard ball; when it immediately cleared up. I had an hour glass contraction; so following the cord between the pains I found a small ring into which I inserted, first one, then two fingers, which gave so much distress to the patient, that I deemed it advisable, there being no reason to the contrary in my opinion, to give her a rest. Placing her in a comfortable position and enjoining upon them to watch the case closely, I left for three and a half hours, when I returned determined now to finish up the third stage. Found patient in much better condition, and things in about same shape that I had left them, and at the expiration of three hours I succeeded in removing the placenta after the very slow operation of dilating the constricted os. I found upon the placenta, about one-third from the margin, a large cicatrix, which part was adherent; upon inquiry I found there had been a history of having been struck about the middle of pregnancy. There was no hemorrhage and the contractions were strong after the placenta was removed; she made a good recovery. I would state here that no ergot was given, and also inquire if the cause of the protracted labor, 37 hours, was not the shortened funis?

GEO. W. COX, M.D.

## FRACTURE OF FEMUR.

*Editor MEDICAL TIMES:*

In the first week of July last, a boy aged sixteen, named A. H., was brought to Altoona Hospital with a compound comminuted fracture of right femur,

with extensive laceration of quadriceps and vastus externus muscles. The femur was broken in lower third, and the laceration two-thirds of the length and one-half the circumference of the thigh. The lower end of the upper fragment was sharpened to a point; one inch of the entire bone was crushed and was removed, also half an inch of the upper fragment was clipped off with bone forceps. There was imperfect pulsation of the femoral artery.

The leg was put in a fracture box and steadied by sand bags; very little extension by weights was needed, the torn muscles being incapable of contraction. Healthy reaction set in; he ate heartily, slept well, and had but little pain. In three weeks the provisional callus maintained the length of the femur; in three weeks more it sustained the weight of the leg, and in three weeks the boy was walking with crutches, and now three and a half months since the accident he walks pretty well without crutches. His leg is exactly the length of the other. His greatest disability is in throwing his foot forward, giving him a halt with every step, caused by the laceration of the quadriceps femoris.

S. M. Ross.

#### REVIEWS AND BOOK NOTICES.

**DISEASES OF THE EYE.** By Drs. Fox and Gould. Philadelphia: P. Blakiston, Son & Co. 1888.

This little book is No. 8 of the series of *Quiz-Compends*, published by the above-named firm, and we must say that it is one of the best of the series. This is the second edition, and much improvement is found throughout, especially in the formulae in the back of the book. We wish we could say as much, however, for the methods of treatment in some of the diseases. The contents are nicely arranged in four parts, representing the divisions of refraction of the eye, the functional disorders affecting vision, the diseases of the eye, and surgical operations and instruments. The whole are so arranged, and the knowledge so clearly and concisely given, it is really a *multum in parvo*. We cannot agree with some of the ideas and treatment; but, taken all together, it is a splendid

little book, and fills the list well for which it was written as an aid to the general student. It is gotten up with good paper, distinct type and contains nice sharp wood cuts.

**ENTEROSTOMY FOR ACUTE INTESTINAL OBSTRUCTION.** By B. F. Curtis, M.D., New York.

**THE FAILURE OF DR. J. B. THOMAS' TREATMENT OF URETHRAL STRICTURE BY ELECTROLYSIS.** By Robert Newman, M.D., New York.

#### THE "HOME MAKER."

A monthly magazine, edited by Marion Harland. This is a new aspirant for the patronage of the public. It is a home journal, intended for the fireside, and the intention is well carried out. Among the contributors we notice the names of Rose Terry Cooke, Harriet Prescott Spofford, Olive Thorne Miller, and others equally well known. The illustrations are very good, the journal bright and interesting—not a dull page in it. We advise our readers to send for a specimen copy to the *Home-Maker Company*, 24 W. 23d St., New York.

Fifteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan, 1888.

Dr. Henry B. Baker has won a high place among the sanitarians of the day; and in this book we find the records of his work.

Transactions of the American Association of Obstetricians and Gynecologists; First Annual Meeting, 1888.

This society is assuredly one of the "growing points" of American Medicine.

Recent Advances in State Medicine, by Henry B. Baker, M. D., Lansing, Mich.

"The Significance of the Epiblastic Origin of the Central Nervous System." By Dr. E. W. Jacoby, New York.

"Annual Report of the Murdock Free Surgical Hospital for Women for the year ending July 1, 1888."

"The Causation of Cold Weather Diseases." By Henry B. Baker, M. D., Lansing, Mich.

## ABSTRACTS.

## PERNICIOUS ANAEMIA.

Hunter, in the *Lancet*, contributes a paper on the pathology of pernicious anaemia, which we regret our inability to reproduce in full. The following is a summary of his conclusions:

1. Pernicious anaemia is to be regarded as a special disease both clinically and pathologically. It constitutes a distinct variety of idiopathic anaemia.
2. Its essential pathological feature is an excessive destruction of blood.
3. The most constant anatomical change to be found is the presence of a large excess of iron in the liver.
4. This condition of the liver serves at once to distinguish pernicious anaemia *post-mortem* from all varieties of symptomatic anaemia, as also from the anaemia resulting from loss of blood.
5. The blood destruction characteristic of this form of anaemia differs both in its nature and its seats from that found in malaria, in paroxysmal haemoglobinuria, and all other forms of haemoglobinuria.
6. The view can no longer be held that the occurrence of haemoglobinuria simply depends on the quantity of haemoglobin set free.
7. On the contrary, the seat of the destruction and the form assumed by the haemoglobin on being set free are important conditions regulating the presence or absence of haemoglobinuria in any case in which an excessive disintegration of corpuscles has occurred.
8. In paroxysmal haemoglobinuria the disintegration of corpuscles occurs in the general circulation, and is due to a rapid dissolution of the red corpuscles.
9. In pernicious anaemia the seat of disintegration is chiefly the portal circulation, more especially that portion of it contained within the spleen and the liver, and the destruction is effected by the action of certain poisonous agents, probably of a cadaveric nature, absorbed from the intestinal tract.

The ancient treatment of gonorrhœa by means of medicated ointments, introduced into the urethra by a tube, and forced out so as to cover the mucous membrane from behind forwards, is again brought forward in an

English journal and labeled "a new treatment."

MR. SAMUEL BENTON, in the *Medical Press*, recommends electrolysis for rectal stricture, the application being made in a manner similar to that employed by Newman in urethral stricture.

**TREATMENT OF EPILEPSY.**—Considering the nervous disorders, partly of convulsive kind, which compose the cachexia strumipriva resulting from ablation of the thyroid gland, Siguicelli suggests that a derangement of the functions of the thyroid body might play a part in the production of epilepsy. This idea led him to try the effect of galvanization of the thyroid body in epileptics. Seven cases were tested: three showed no change in the progress of the disease; the other four presented first an augmentation and then a rapid and progressive diminution in the number of fits, which ceased entirely in one case for a month, and for two months in another instance; the mental state of the epileptics also improved.—*Lancet*.

**TOXIC EFFECTS OF BORIC ACID.**—WELCH, in *The Medical Record*, relates a case in which boric acid was used, with startling sequences. The patient suffered with an obstinate leucorrhœa, with profuse acrid discharge, causing pruritus. The upper part of the vagina was highly vascular, and secreting so rapidly that it could hardly be kept dry enough for the application of the acid. The membrane was treated with nitrate of iron, and the upper third of the vagina packed with fine boric acid, held in place by cotton tampons. This was removed on the third day, and a hot douche used. The application was repeated weekly for two months, the cure being complete.

Ten days later, the doctor was summoned by telegraph, and found the lady bolstered in an easy chair, her hands, face and feet having a charred appearance. These symptoms began the second day after the last treatment, with formication in the extremities, later in the face, and low spirits. An acrid vaginal discharge occurred on the second night. Copious leucorrhœa recurred, with intolerable vulvar pru-

ritus. The skin most affected exfoliated, and the leucorrhœa ceased.

Similar symptoms occurred in two other cases. All recovered. The amount used varied from one to two ounces at each operation.

#### EXTRA-UTERINE PREGNANCY.

In the *Tokyo Medical Journal*, Dr. Kawai reports a case of extra-uterine pregnancy which went on to full term. The foetus died, and suppurative discharges occurred about the umbilicus. The abdomen was then opened, local anaesthesia having been obtained by cocaine injections, and the foetus was extracted. The woman recovered.

—*Sei-I-Kwai.*

**UTERINE CALCULI.**—In the *Indian Medical Gazette*, MARTIN relates two cases in which urinary calculi were removed from prolapsed uteri. In one case the calculi weighed 1055 grains; in the other, 160 grains. The author does not appear to be very clear as to the manner in which the calculi got into the uterus, as he does not mention the existence of utero-vesical fistula; but states that the symptoms of stone preceded the occurrence of prolapse; whence he infers that the calculi formed in the bladder and then passed down into the uterus.

**PARANOIA AND AURAL HALLUCINATIONS.**—FISHER, in the *Amer. Jour. of Insanity*, speaks of the extreme frequency with which chronic delusional insanity is associated with hallucination of hearing. We note the following as a constant order of symptoms, viz.: long continued inebriety, consequent hallucinations of hearing, and later delusions of persecution and conspiracy, mingled or alternated with delusions of wealth, grandeur or self importance. This is generally a true, primary delusional insanity or monomania. Hallucinations of sight, trembling and insomnia characterize the acute delirium of alcoholism.

#### OBSTETRIC NOTES.

Dr. Boardman, of the Boston Lying-in Hospital, reports three months' practice in the hospital (one hundred and twelve consecutive cases) without a death. He attributes his success to the rigid ad-

herence to strict asepsis practised in the hospital.—*Boston Med. and Surg. Journal.*

Ahlfeld, of Marburg, reports as the result of his years' clinical work, 308 labors, in which the forceps were used but three times. None of the mothers confined died, and of the 308 delivered 226 had no rise of temperature.

We note with pleasure that the University of Pennsylvania is about to open a maternity pavilion. The Jefferson Medical College has already an in-door and an out-door obstetric department. The Philadelphia Dispensary and the Philadelphia Lying-in Charity annually provide students with a large number of obstetric cases. It is to be hoped that the managers of the Medico-Chirurgical College will reserve some portion of their new building for the establishment of a similar department. No city in the United States affords superior advantages to Philadelphia for the clinical study and practice of obstetric medicine.

Dr. Hobart A. Hare (*University Med. Magazine*) advises that where there is embarrassed respiration or temporary suspension of the inspiratory effort during the administration of ether, that in place of resorting to flagellation with towels wet with cold water, a little ether be poured upon the belly; and he notes the fact that in many cases under his observation the cold produced by the rapid evaporation of the ether caused so great a shock as to cause a deep inspiration. It occurs that ether poured upon the abdomen might for the same reason be of service in securing prompt contraction of the uterus in post-partum hemorrhage.

Dr. William Warren Potter (*Amer. Journ. of Obstetrics*) reports a case of double ovariotomy done in the fourth month of gestation; the woman recovering and the pregnancy going on to full term. The delivery and puerperium were both normal in character.

Dr. E. E. Montgomery thus formulates the treatment of extra uterine pregnancy:

1. In every form of ectopic gestation, prior to the fourth month, the destruction of life by the Faradic current.

2. Between the fourth and sixth months, destruction of life by electricity, and some weeks later laparotomy.

3. In rupture, immediate laparotomy, with removal of sac, contents, and effused blood.

4. In cases that have passed the sixth month, wait until viability is well established, and perform laparotomy, observing every precaution that separation of the placenta does not occur, close the sac above, and drain through the vagina.

5. In the case of death of foetus, it should be removed by laparotomy a few weeks later.

6. When the foetus has become macerated and abscess has formed, its sinus should be enlarged and the fetal residue removed.

A case of conception with occluded hymen is reported in the *Amer. Journ. of Obstetrics*, October, 1888. The patient was a primipara, 29 years old, who had menstruated regularly from her sixteenth year. The vaginal orifice was found closed by a bluish membrane one-half centimetre thick, transversed by large veins, which extended from the urethral orifice to the frenulum vulvæ, and in which not the finest opening was to be discovered. The urethra on the other hand was so dilated that in the examination it was at first taken to be the narrowed vagina. It was assumed that the semen found its way through a, in any case very small, opening in the hymen, which was only closed during pregnancy by inflammation; and that later the urethra served for copulation exclusively. After incision of the closing membrane the woman was delivered without difficulty.

#### MISCELLANY.

##### SAPRÆMIA FROM FOUL TEETH.

GOODMAN believes that blood-poisoning may occur from foul teeth. He relates a case in which a patient suffered with persistent headache, irregular chills, fetid breath, and fever which resisted treatment. The man's teeth were so encrusted with tartar that the doctor sent him to a dentist to have them put in order. He returned, showing a set of teeth whose beauty would not have

been deemed possible previously, and without further medication the man was cured.

##### SUICIDE OF A DOG.

*Le Progrès Medical* says that a Gordon setter, which was affected with a convulsive neurosis with very infrequent crises, one day ran out of the house alone and along a road for two kilometers, and threw itself into a mill-dam. The miller rescued the animal, thinking to return it to the owner, but after going a short distance the dog sprang again into a very small water-course and was drowned. The reporter asks if we should attribute the sad resolution of the dog to home-sickness or to a sort of irresistible impulse occasioned by its neurosis.

More likely the miller lied.

The New York *Medical Record* is receiving many well-earned compliments for its reports of the late Congress at Washington. Dr. Shrady gives a good journal to his readers, a weekly well worth the five dollars it costs.

##### OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM OCTOBER 28, 1888, TO NOVEMBER 3, 1888.

COLONEL ELIAH I. BAILY, SURGEON, and CAPTAIN JOHN J. COCHRAN, ASSISTANT SURGEON.—Detailed for duty on Army Retiring Board, to meet at San Francisco, Cal., for the examinations of such officers as may be ordered before it. Par. 3, S. O. 253, A. G. O., Washington, October 30, 1888.

LIEUTENANT-COLONEL BASIL NORRIS, SURGEON.—Will be relieved from duty in the Department of the Columbia by the commanding general of that department, and will report in person, on or before November 14, 1888, to the commanding general, Division of the Pacific, for duty as medical director of that division and of the Department of California. Par. 14, S. O. 255, A. G. O., Washington, November 1, 1888.

By direction of the Secretary of War, Lieutenant-Colonel Edward P. Vollum, Surgeon, on being relieved from duty as medical director, Department of Texas, by Lieutenant-Colonel Joseph C. Baily, assistant medical purveyor, under War Department order dated October 31, 1888, S. O. No. 255, A. G. O., will repair to New York City, assume the duties of acting assistant medical, and take charge of the medical purveying depot at that place. Par. 2, S. O. 255, A. G. O., Washington, November 1, 1888.

LIEUTENANT-COLONEL CHARLES T. ALEXANDER, SURGEON.—Relieved from further duty in the Department of Dakota, and will report in person to the commanding general, Department of the Columbia, for duty as

medical director of that department. Par. 14, S. O. 255, A. G. O., Washington, November 1, 1888.

**LIEUTENANT-COLONEL JOSEPH C. BAILY, ASSISTANT MEDICAL PURVEYOR.**—Is at his own request relieved from the charge of the medical surveying depot in New York City, and is by direction of the President, under the provisions of the act of Congress approved June 23, 1874, assigned to duty as surgeon in the Medical Department.

He will report in person to the commanding general, Department of Texas, for assignment to duty as medical director of that department, to relieve Lieutenant-Colonel E. P. Vollum, Surgeon. Par. 1, S. O. 255, A. G. O., Washington, November 1, 1888.

Leave of absence, for one month, on surgeon's certificate of disability, is granted Major William H. Forwood, Surgeon, U. S. Army, Fort Snelling, Minn. S. O. 100, Headquarters Department of Dakota, St. Paul, Minn., October 20, 1888.

**MAJOR WILLIAM D. WOLVERTON, SURGEON.**—Is relieved from duty at Fort D. A. Russell, Wyoming Territory, and will report in person to the commanding officer, Fort Douglas, Utah Territory, for duty at that post. Par. 16, S. O. 248, Headquarters of the Army, A. G. O., Washington, October 24, 1888.

By direction of the Secretary of War the leave of absence granted Major John W. Williams, Surgeon, in S. O. 209, October 4, 1888, Division of the Atlantic, is extended one month. Par. 14, S. O. 246, A. G. O., October 22, 1888.

By direction of the Secretary of War, leave of absence, for one month, to take place on the completion of his present duties, is granted Captain Edward C. Carter, Assistant Surgeon. Par. 13, S. O. 246, A. G. O., October 22, 1888.

Leave of absence, for one month, on surgeon's certificate of disability, is granted Major John H. Bartholf, Surgeon, U. S. Army, Fort McIntosh, Texas. Headquarters Department of Texas, San Antonio, Texas, October 10, 1888.

**CAPTAIN LEONARD Y. LORING, ASSISTANT SURGEON.**—Promoted to surgeon, with the rank of major, October 9, 1888. Vice Meacham, deceased.

**CAPTAIN DANIEL WEISEL, ASSISTANT SURGEON, U. S. ARMY.**—Died at Fort Sill, Indian Territory, October 30, 1888.

**CAPTAIN PAUL H. BROWN, ASSISTANT SURGEON.**—Is relieved from duty at Fort Sidney, Nebraska, and will report in person to the commanding officer, Fort D. A. Russell, Wyoming Territory, for duty at that post. Par. 16, S. O. 248, Headquarters of the Army, A. G. O., Washington, October 24, 1888.

By direction of the Secretary of War, Captain Norton Strong, Assistant Surgeon, is relieved from duty in the Department of Arizona, and will report in person to the commanding officer, Fort Schuyler, New York, for duty at that post, and by letter to the commanding general, Division of the Atlantic. Par. 4, S. O. 255, A. G. O., Washington, November 1, 1888.

By direction of the Secretary of War, Captain William H. Arthur, Assistant Surgeon, is

relieved from duty at Fort Bowie, Arizona, and will report in person to the commanding officer, Fort Bayard, New Mexico, for duty at that post. Par. 21, S. O. 250, A. G. O., Washington, D. C., October 26, 1888.

**CAPTAIN W. O. OWEN, JR., ASSISTANT SURGEON, FORT LEAVENWORTH, KAN.**—Will proceed at once to Fort Sill, I. T., and report to the commanding officer for temporary duty at that post. Headquarters Department of the Missouri, S. O. 133, Par. 1, Fort Leavenworth, Kan., October 30, 1888.

By direction of the Secretary of War, First Lieutenant William C. Borden, Assistant Surgeon, is relieved from duty at San Antonio, Texas, and will report in person to the commanding officer, Fort Ringgold, Texas, for duty at that post. Par. 11, S. O. 247, A. G. O., Washington, October 23, 1888.

Leave of absence, for one month, with permission to apply for an extension of one month, is granted First Lieutenant R. R. Ball, Assistant Surgeon, U. S. Army. Par. 3, S. O. 129, Headquarters Department of the Missouri, Fort Leavenworth, Kan., October 18, 1888.

**JAMES D. GLENNAN and ALFRED E. BRADLEY.**—Appointed Assistant Surgeons, U. S. Army, with rank of First Lieutenants, to rank from October 29, 1888.

By direction of the Secretary of War, First Lieutenant James D. Glennan, Assistant Surgeon, recently appointed, will repair from this city to Willets Point, New York, and report in person to the commanding officer of that post for duty. Par. 3, S. O. 255, A. G. O., Washington, November 1, 1888.

**CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE TWO WEEKS ENDING NOVEMBER 3, 1888.**

P. ASST. SURGEON HOWARD SMITH.—Detached from the "Wabash," and granted six months' leave with permission to leave the United States.

ASST. SURGEON E. W. AUZAL.—Ordered for examination, preliminary to promotion to P. Asst. Surgeon.

ASST. SURGEON F. W. F. WIEBER.—Ordered for examination, preliminary to promotion to P. Asst. Surgeon.

ASST. SURGEON E. W. AUZAL.—After examination detaches from Naval Academy and to Navy Yard, New York.

ASST. SURGEON J. F. ARCE.—Detached from the "Franklin" and to coast survey steamer "Gedney."

ASST. SURGEON THOMAS OWENS.—Detached from the coast survey steamer "Gedney" and to coast survey steamer "Blake."

ASST. SURGEON F. A. BERRYHILL.—Detached from coast survey steamer "Blake" and to Naval Academy.

ASST. SURGEON A. N. T. HARRIS.—Detached from Naval Hospital, Mare Island, Cal., and wait orders.

P. ASST. SURGEON JOHN H. HALL.—Detached from the "Monongahela" and wait orders.

P. ASST. SURGEON M. H. CRAWFORD.—Detached from the "Vandalia" and to the "Monongahela."